DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle after death. Month 1 Day 63 uneral deed (Type or print) aM 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 3. SEX last birthday) ZHTHOM DAYS HOURS 12-2-BR 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED papers. Baltimore - QIMMY WIDOWED N DIVORCED [ event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH requires that the death certificate be executed within during most of working life, even if retired.) give street address) Garinison Ma INDUSTRY carban Foxleigh Nursing Home -aunism 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) \_\_SJATE + 13b. COUNTY 3400 Jainview- NE please remave Co Garage in ony Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last Weillinger WERLINE S Uluch pup 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (II yes give war or dates of service) Yes, no, or unknown) Ottilie Dockins, 3400 Fairview Ave; 21207 remayal. en APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY hours 5 IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p the Canditions, if any/which gave: can Knowh rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 9 CAUSES OF DEATH? NO T YES [ use O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Þ HOUR A.M. by the haspital OR CONTRIBUTING CAUSE OF DEATH Manth Day Year Dept. of P.M. (If either, natify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town OFFICE BUILDING, ETC. While Not while at wark at wark State 19.68 , that (1) (we) lost 3-10 10-4 1967 220. I certify that (1) this haspital) attended the deceased from-1968, and that in my (our) opinion death occurred on the date and hour and from the saw the deceased alive on. should Page 4 may be retained couses stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS s 22d. PHYSICIAN'S NAME (Type) 41450 100 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) 23a. BURIAL, CREMATION, 23b. DATE

Loudon Pk.

24. FUNERAL DIRECTOR
Loring Byers, 8728 Liberty Rd; Randallstown,

3801 Frederock Ave.

25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

30M REV. 4 6

REMOVAL (Specify)

Man temperature of the Contract of the Contrac THE RESIDENCE SOUNDS OF THE PARTY OF THE PAR a sale that Principal Self-Surrence description (S.H. 1999) and the second s number of the second of the se On the Leader, San Fallwin dwar The the state of the s A STATE OF THE SECOND STAT Self and Populary Dail Religion of the Charles of Tables could be an a firm the contract of the contrac

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

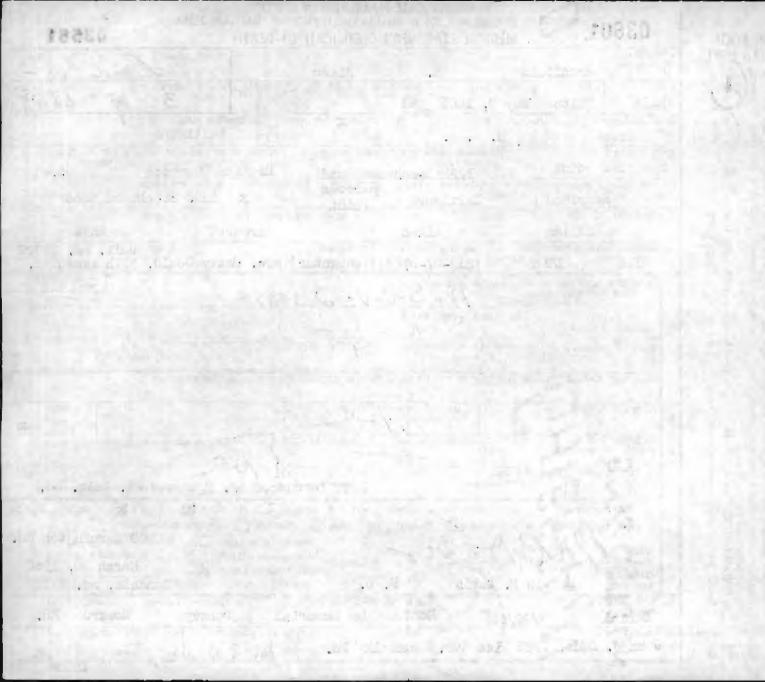
03600 03580 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Douglas Mark Adams 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS 5/2/1957 Male White J O YRS 7o, BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED York. Pa. by birth Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Owings Mills Rosewood State 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e, STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO | Route 1. Box 218 Maryland 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last Samue 1 Shelhy Adams TTT June Grav 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [1] yes give war or dates of service] Rosewood Records 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HCL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN C Sever 54 Novome 19b. CONDITION FOR WHICH OPPRATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN 20a. AUTOPSY? CAUSES OF DEATH? YES 🗾 NO [ Yes 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from DCL 29, 1963, to War 31, 1968, that (I) (we) lost sow the deceased alive on Acres 31, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above ( we) (d/d) (did not) view the body ofter death. 22b, SIGNATUR 22c. DATE SIGNED ATTENDING 4/1/68 MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Richard AL Rosewood State Hosp., Owings Mills, Md. Jones. M.D. 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) SEMOVAL (Specify) Black Rock Butler.Baltimore.Md. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR

signed by the burial-transit p has been SD O FUNERAL DIRECTOR: After this certificate detached director, page 3 shauld be filed v

law requires that the death certificate be executed within 24 haurs after death

physician and completely filled in by the funeral new please remave carban popers. Pages 1 and overl, and in any event, within 72 haurs after death

VR A15 (4) 30M REV. 1/68



Bath.

pub the funeral

after death.

24 hours

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

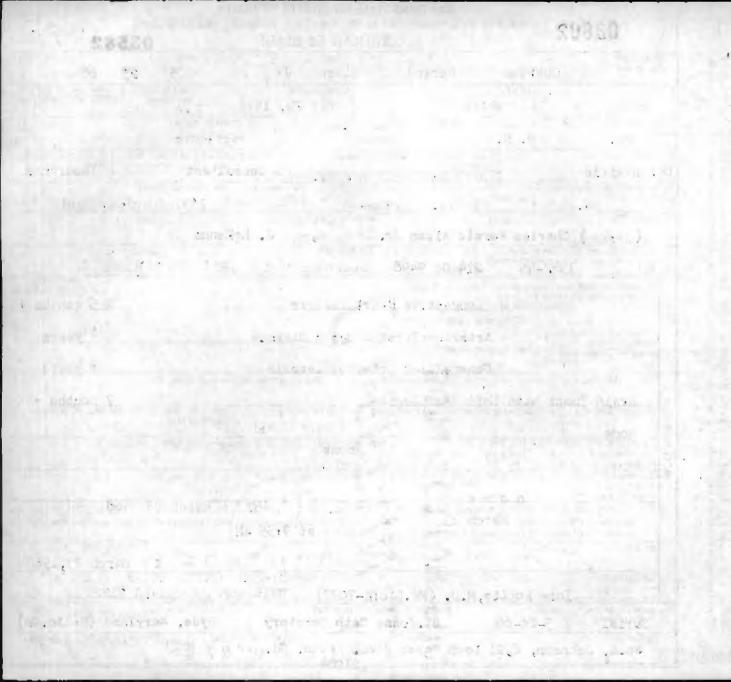
CERTIFICATE OF DEATH

		0	3	5	8	23	1	1
QF	DEATH							2b.

1. DECEASED- (Type or p		First Charles	; (	Middle Gerard		lost Aik <b>e</b> n	Jr	20. DATE O	F DEATH Menth	23	ĕ8¹	2b, HOUR
3. SEX ma	le	4. RACE	white		5	S. DATE OF E	24, 19		6. AGE (In	yeors doy) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
country)	ACE (State or foreign Md.	gn 7b. CITIZEI U. S			WIDOWE		ORCED	9. COUNTY O Balti	more			M
Caton	TOWN OF DEATH		give street of	GROVE	STATE	HOSP.	during	al occupation	even if	retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
odmission)	Md.	13b. CC	Bal.	to.	Tows	on		0 🗆	TREET AND N	berde	en Roa	d
	Jerry )	Charles				IS. MOTHER'S A		First McKeni		Middle		Lost
Na Vy	eCEASED EVER IN U	S. ARMED FORCES	? ervice) 214	06 949		informant lecords:	SPRIN	G GROV		Address E HOS		
Canditi	ians, if any, which immediate caus the underlying	CAUSED BY: MMEDIATE CAUSE (  DUE 1  GOVE 1  COUSE DUE 1	(b) Cone (b) Arter (0, OR AS A CO	MSEQUENCE OF MSEQUENCE OF	Hear rotic	t Failu Heart rioscle	Diseas				BETWEEN	CONTRACT INTERVAL CONSET AND CEATH CONTRACT CONT
19c. DA	2. OTHER SIGNIFICA Brain Tur ATE OF OPERATION	NT CONDITIONS CO	Left H	DEATH BUT NO	T RELATED		AL DISEASE OR	20b.		FINDINGS CO	7 mont	
OR CO	CCIDENT WAS UND CONTRIBUTING CAUSI OUT, NOTIFY MEDICAL NUURY OCCURRED	OF DEATH HOL	P.M.	th Doy Year		HOW INJURY OF			ury in Port 1 y or Town	or Port 2, I	tem 1B.)	State
22a.	Not while of wark  I certify that (saw the decea causes stated GNATURE	this haspite sed alive and abave, (I) (we	o p a d) attended March 2 ) (did) (did n	the decease	d from_ 968 , a pady afte	Dec. 9 and that in (n ar death. a	, 196 ny) (our) op 9:55	inion death	accurred o	an the da	te and haur DATE SIGNED	and fram th
N		Imre Kop	its,M.I	( Md .)	ic:K	22e. AD	DRESSSPRT	imore,	OVE S Maryl	TATE and 2		TAL
REMOV	L, CREMATION, VAL (Specify)	23b. DATE 3-26-6	8		hns (	Cath Cer		H		aryla		(State) 1to.Co)
24. FUNERA	m.E. Joh	nson, 85	21 Loc	h Raven	Blvd	Balto	2Sa. REC'D Md DATE	BY REGISTRAR	1968	EGISTAME	SIGNALORS	Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within/ Page 4 may be retained by the haspital or ottending physician.

VR A15 (4) 30M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03603 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH death. (Type or print) Month ALI 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH bours after lost birthday) CAU NOV 1 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (auntry) a WIDOWED | DIVORCED ALTIMORE requires that the death certificate be executed within 24 physician and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done give street address) event, with during most of working life, even if retired.) please remave carban owson 8426 Lock RAVENBI Court. 0 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 8416 Lock Raven Blud and in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or upknown) (If yes give wer or dates of service) en 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONBENITA crematian, ar IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) BY BACTERIAL ENDOCARDITIS. rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ROFFIC EPERATION OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? g CAUSES OF DEATH? YES 🗍 NO TO O FUNERAL DIRECTOR: After this certificate by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Year detached for the Dept. of H (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while to work at work 220. I certify that (I) (this hospital) attended the deceased from . 1963 . to saw the deceased alive an\_ 1/26 director, page 3 shauld shauld be filed with the

22b SIGNATURE

23a. BURIAL, CREMATION,

24. EUNERAL DIRECTOR

22d.

VR A15 (4) 30M REV. 1/68 PHYSICIAN'S

NAME (Type)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State \_196 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR MEGREE 22e. ADDRESS EMBO 227 LINDEN 23c. NAME OF CEMETERY OR CREMATORY-23b. DATE 23d. LOCATION (City or Town) (County) (Stote) MORECAND nd 25a. REC'D BY REGISTRAR.

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12b. KIND OF BUSINESS OR

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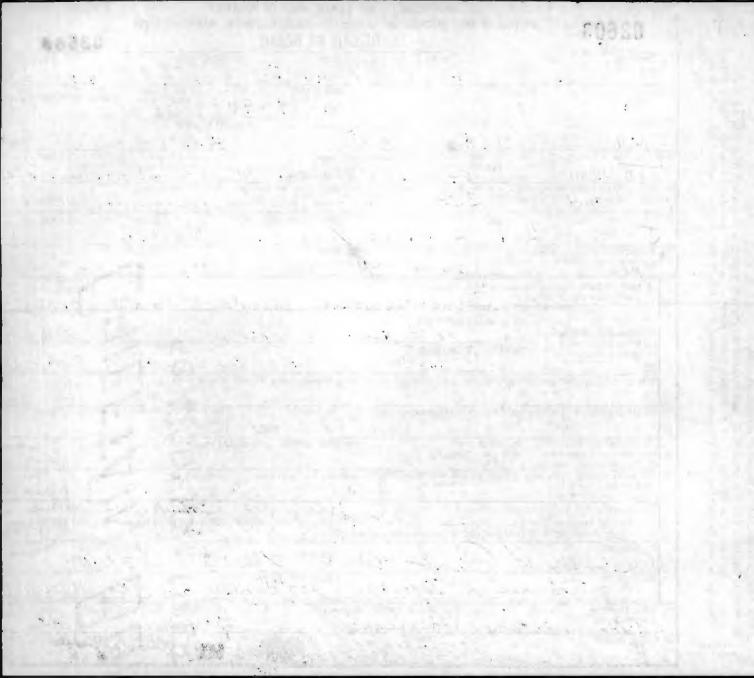
IF LINDER 1 YEAR

INDUSTRY

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2b. HOUR

IF LINDER 24 HRS.

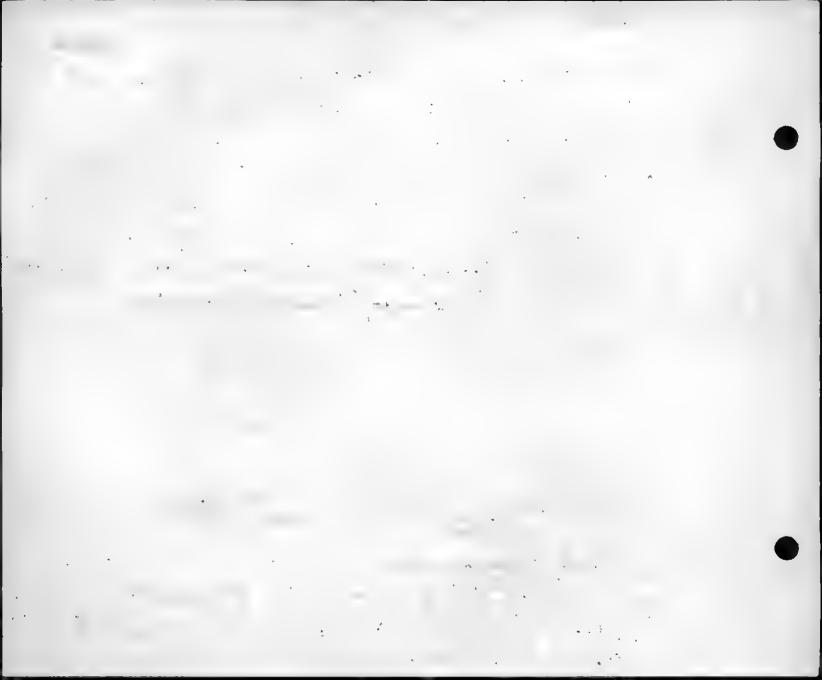


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH 564
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8.8	L	277 MOEL 1/2/10/49 1/4/1. 10 1918 1 P "
oge	3.	Male. A RACE White S. DATE OF BIRTH 5, 1892 6. AGE (In years lift under 24 Hrs. MONTHS DAYS HOLKS MIN
200		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED   9 COUNTY OF DEATH   1000try) WIDOWED   DIVORCED   9 COUNTY OF DEATH   1000try)
ay mea papek ban papek within 72	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital OCCUPATION (Kind of work dane give street address)
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remo in any	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LOST LOST
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iding phy it. Then r remaya		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY  OR THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
igned by the attending phys vrial-transit permit. Then p vrial, cremation, ar remaval,		IMMEDIATE CAUSE (a) LITERATURE / TRANSPORTED IN THE CONSEQUENCE OF Conditions, if any, which gove)
signed by the burial-transit burial, cremat		rise to immediate cause (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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d far use as the of Health priar to		196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?  216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
cernicate nas hed far use a ot. af Health pr		G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
this cert detached e Dept. a	Ì	111 either, nathy medical examiner   P.M. 19
rter t be de state	1	22a, Legrify that (1) (this heavital) attended the deceased from 1967, to 31/0/6 8, 19, that (1) (we) los
OR: Atlanta		causes stated above, (I) (AP) (did) (did-2at) view the bady after death.
e 3 sh e 4 with		226 SIGNATURE  R. M. France M. D. DEGREE PHYS DIRECTOR DI
J FUNERAL DIRECTOR: After this celdirector, page 3 shauld be detached shauld be filed with the State Dept.		22d. PHYSICIAN'S NAME (Type) A. M. FRANCE M.D 22e. ADDRESS PARKTON Md.
fo FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	2	REMOVAL (Specify) 236 DATE / 3/68 23c NAME OF CEMETERY OR CREMATORY COM. 23d LOCATION (CITY OF TOWN) BICCOUNTY) (S1010)
VR A15 (4), 30M REV 1/68	2	ADDRESS DATE MAR 1 3 1968 ACCIONATE TO ADDRESS DATE MAR 1 3 1968 ACCIONATE TO ADDRESS DATE MAR 1 3 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00605 CERTIFICATE OF DEATH funeral-s 1 and 2-ter death DECEASED-NAME Middle 2b HOUR P First Last 2a DATE OF DEATH March (Type or print) MALLIIW McKINLEY ¥968 ARNOLD 2:45 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER 24 HRS. FUNDER 1 YEAR 6 AGE (In years 7 (ast birthday) January 2 1898 Male White 8 MARRIED X NEVER MARRIED 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Baltimore Maryland U.S.A. WIDOWED [ DIVORCED [7] 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within Veterans Administration Pag Fort Howard ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN COL 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES by the attending physician are series Town Box 627 R t 1, Jarrettsville Harford 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Charles H. Arnold Virginia Weathersteine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ownakeown) (If yes gue wence dates of service) 217 09 36 56 Clinical Rcds., VA Hospital, Ft Howard, Md. 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: ADHESIVE PERICARDITIS WITH CARDIAC DECOMPEN-IMMEDIATE CAUSE (a) SATION DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic CARCINOMA OF RIGHT LUNG WITH METASTASES TO Conditions, if any, which gave ) rise to immediate cause (a), BRAIN AND LIVER DUE TO, OR AS A CONSEQUENCE OF stating the underlying causel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO 🗔 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that () (this hospital) attended the deceased from June I saw the deceased give an and that in (my) (aur) apinion death occurred on the date and hour and fram the saw the deceased glive an\_ couses stated above, (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING 3/12/68 DEGREE PHYS 22d. 4PHYSICIAN'S 22a, ADDRESS NAMÉ (Type) VA Hospital, Fort Howard, Maryland J. D. TALBERT. director, 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BEMOVALIS pecify) 3-15-68 Baltimore National Baltimore, Maryland lliamADBRESS Johnson 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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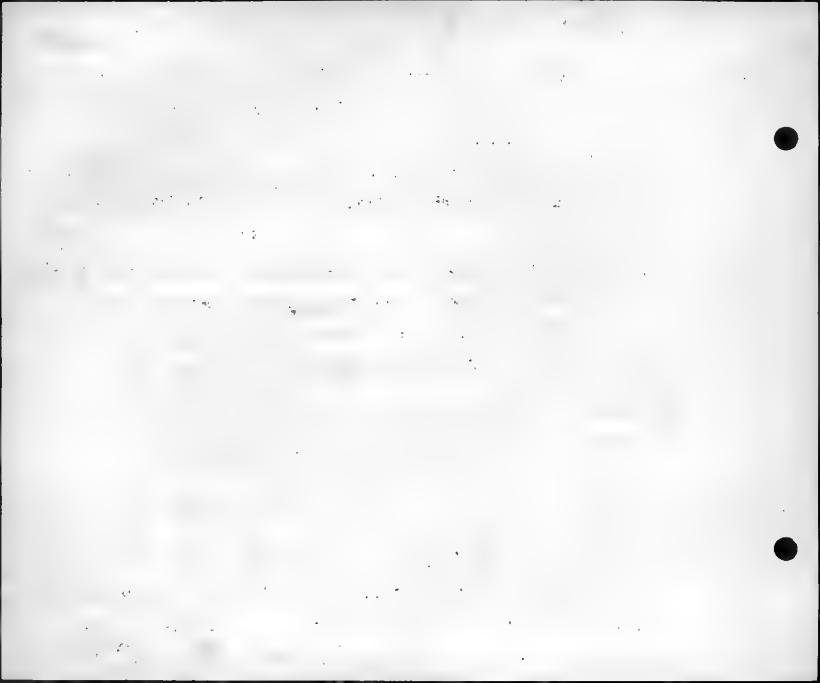
Annapolis. Md

250. REC'D BY REGISTRAR 256 PAGESTRA

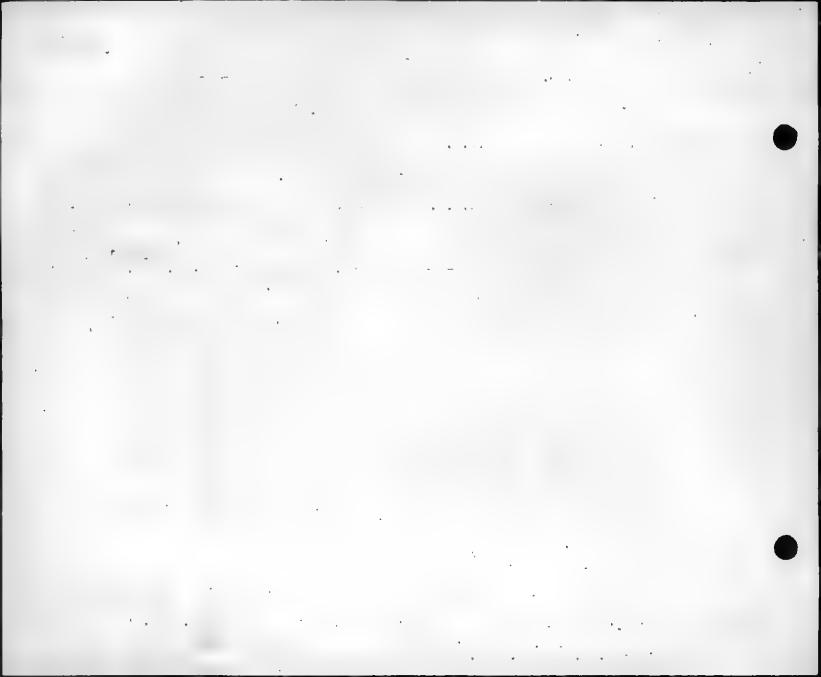
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

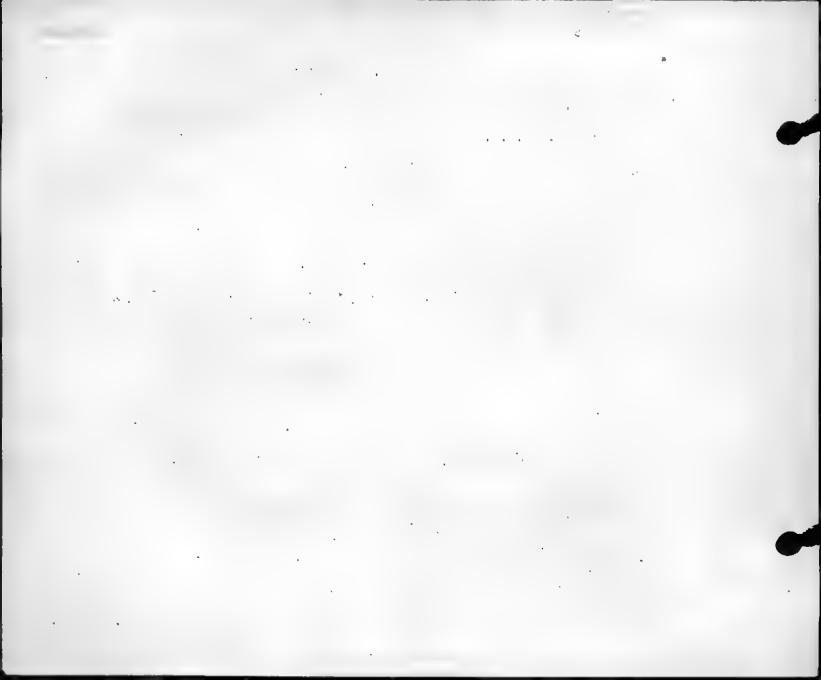
William Reese Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . DECEASED NAME Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Maria A. Auld 12.36 P.M physician and campletely filled in by the turen please remave carbon papers. Pages Tren please remave within 72 hours after 4 RACE 5. DATE OF BIRTH IF LINDER I YEAR 3 SFX 6. AGE (In years Feb. 2, 1902 Female requires that the death certificate be executed within 24 haurs 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED (country) Maryland U.S.A. WIDOWED T DIVORCED [ 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Rd . (the during most of working life, even if retired.) 1056 Craftswood 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER I 34 INSIDE CITY 1 AUTS? odmission) STATE Marvland 13b. COUNTY 1056 Craftswood Rd. Baltimore 15. MOTHER'S MAIDEN NAME First 14. FATHER 5 NAME Middle Last Last Henry Jakiewicz Lena Sipoch 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 1636 Intitiside Avenue Yes, no. or unknown) (It was give war or dates of service) Balto., Md. 21207 212-10-2409A Mrs. Frances Karr. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) }
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) orman a DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been Health priar to Town 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO FÛ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Dec. 14, 19 62, ta 3-2) , 19 65, that (I) (we) last saw the deceased alive an 2 1965, and that causes stated above, (1) (and (did nat) view the bady after death. 1968, and that in (my) (aur) opinion death accurred on the date and hour and from the 22c DATE SIGNED 22b SIGNATURE director, page 3 should be filed v 3-22-68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIÁN S 1009 Frederick Road John A. Nesbitt, Jr., M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMODIAL (Specify) Balto. Md. 3-25-68 Loudon Park Cemetery 25 MARP 2 RESISTRAGES 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 4101 Edmondson Avenue VR A15 (4) Witzke F. D., Balto., Md. 21229 30M REV 1/68



1	_	MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND 21201
FOR STATE	I	tem 13 Film G398 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT		DECEASED NAME First Middle Lost 20 DATE KNOWN A Month Day Year 26 HOU
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hour Ifem Office I ond?	14 )	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
S S S	160.	John Dukes Katherine Evans  WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT ADDRESS
Examiner Examiner Fire page		Yes, no, or unknown) (Il yes give wor or dules of service) 218-12-7060 Mrs Virginia Bailey 4621 Araba Avenue 21214
	_	1B. CAUSE OF DEATH (Enter only one couse get bre for (o)/(b), and (c).)  APPROX.MATE INTERNAL  APPROX.MATE INTERNAL  APPROX.MATE INTERNAL
executed nding" in Medical E permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 11 METALY YE NORTH THE Spirator VITailure DINCERCO
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the the second s	~	WHILE IN NOT WHILE IN TOCKETY, affice building, etc.)
EX.		220. 1 certify that I took charge of the remains described above, hold an Autapsy , Inspection , Inquiry , and in my opinion
CTO FOR		death resulted from: Natural couses Accident Suicide Homicide Undetermined manner
irect taine to to		CHIEF MEDICAL EXAMINER
DEPUTY cessary, please e funerol direc may be retain FUNERAL DIRE calth prior to		SIGNATURE & LACTURE & SIGNED ASSISTANT MEDICAL EXAMINER []
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O DEPUTY necessary, the funeral S may be O FUNERAL Health pri	230	NAME (Type ADDRESS(Street, cty, town, or county)  BUR AL CREMATION 23h DATE 23' NAME OF CEMETERY OR CREMATORY 23d JOSATION (Ctype or Town) (County) (State)
7	230	REMOVAL (Specify)
Q.P	24	FUNERAL DIRECTOR ADDRESS 2 / 250 REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15ME (5)	L	assalm June at Home 24 & 1 Bulan Road DATE MAR 1 4 1968 good assalm



63609 DECEASED-NAME First and 2 ofter death (Type or print) Wenonah 3 SEX female within 72 hours requires that the death certificate be executed within 24 Araurs 7o. BIRTHPLACE (Stote or foreign country) Md . carbon papel physicion and completely filled 10 CITY OR TOWN OF DEATH Catonsville odmission) STATE please remove cremation, or removol, and in any 14 FATHER'S NAME First Frank Yes no or unknown) signed by the offending PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove ) rise to immediate cause (a), stoting the underlying couse physician. os the prior to hos been 190. DATE OF OPERATION O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while of work be retained

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

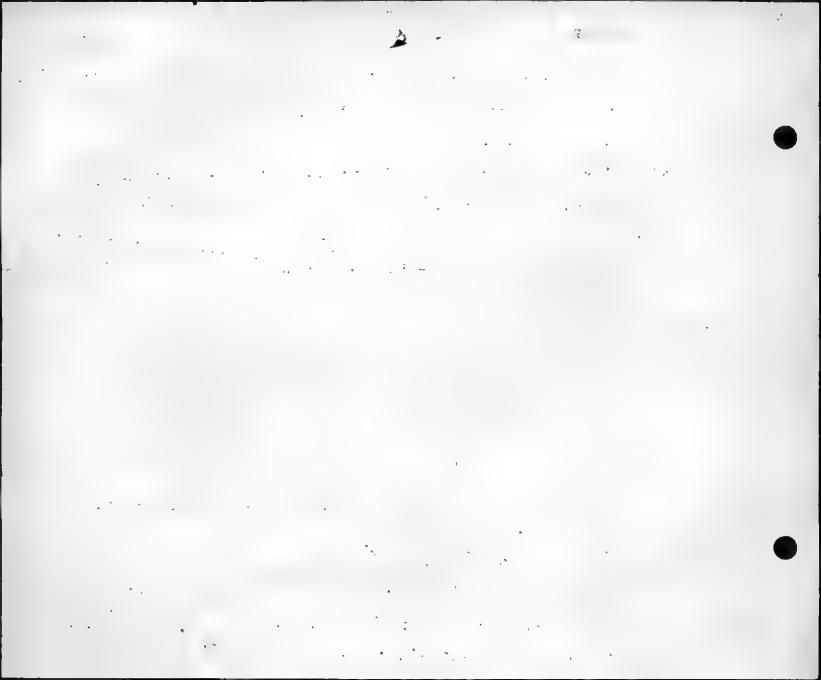
**ERTIFICATE OF DEATH** 

Middle Lost 2n DATE OF DEATH B. Baltz 968 March 4. RACE S DATE OF BIRTH 6 AGE ( n years IE LINDER I YEAR lost birthdoy) MONTHS DAYS HOURS white July 23, 1885 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Baltimore U.S. WIDOWED TX DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY STATE HOSP. 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 13b. COUNTY YES IN NO [ Gwynndale Avenue Gwynn Oak Balto IS MOTHER'S MAIDEN NAME First Middle Lost lost Ella > oud L 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INSCRIMANT V. William 5-Address Ame 1192-16-922LA Records: SPRING GRO E STATE HOSPITAL APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [T 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Doy Yeor P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 22a. I certify that (F (this haspital) ottended the deceased from F65. 2 , 19.68, ta March 14 19.68, that (9) (we) lost saw the deceased olive an March 14 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (ave) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 3-14-68 DEGREE PHYS DIRECTOR 22e. ADDRESSS PRI GROVE STATE HOSPITAL 22d PHYSIT AN S NAME (Type) Young, M.D. Baltimore, Maryland 21228 23d LOCATION (City or Town) 230 BUR AL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) RIMOVAL (Specify) 24 FUNERAL DIRECTOR

VR A15 (4) 30M REV 1/68

director, page 3 should be filed v

Page 4 moy



MARYLAND STATE DEPARTMENT OF HEALTH 00670 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH TH 3 ve carban papers. Pages 1 and 2 event, within 72 haurs after death. (Type or print) 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR lost\_b ribday) physician and campletely filled in by the MONTHS DAYS 7a BIRTHPLACE (State or foreign 9 COUNTY OF BEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED T requires that the death certificate bm emecuted within 24 🖡 DIVORCED L WIDOWED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired) INDUSTRY attending physician was carban sermit. Then please remaye carban with + mure 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER L3e-CITY OR TOWN 136 INSIDE CITY LIMITS2 admission) STATE 13b COUNTY YES NO ar remaval, and in any 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middle DaRE CXC 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (11 yes give wor or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Cafellores Dirator crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), by DUE TO OR AS A CONSEQUENCE OF stating the underlying cause signed burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) use as the l alth priar ta b attending has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO -Maspital ar this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ē OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year be detached to State Dept. of P.M. (If either, notify medical examiner) / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State White Not white at work Page 4 may be retained by the O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 3 23 1968, ta 3 26 1968, that (I) (we) last saw the deceased alive on 463 26 1968, and that in (my) (our) apprior death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. 3-26-68 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) Leond Karus 1.241662cmt Lezerd

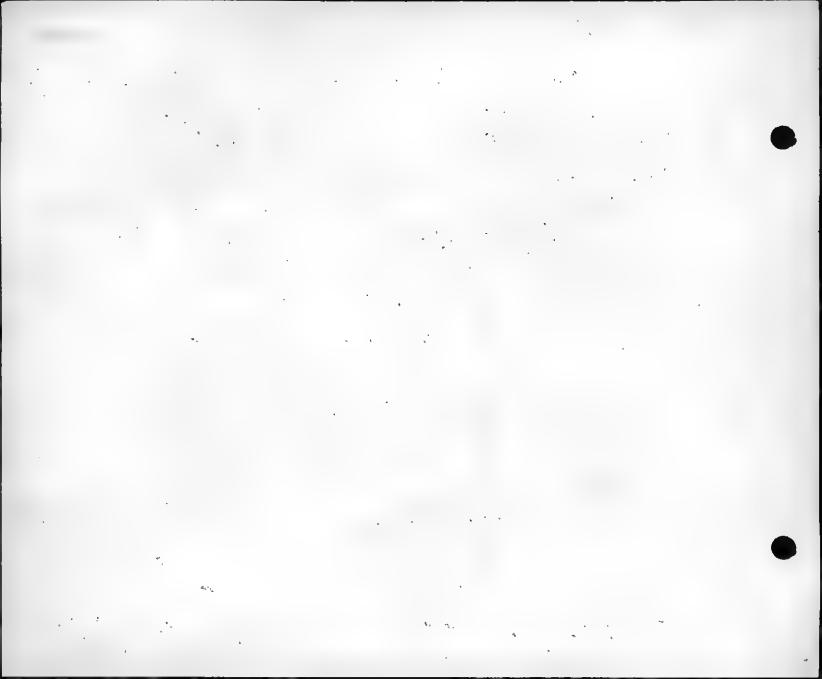
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	MAKICAND STATE DEFARIMENT	OF REALIT
ISION	OF VITAL RECORDS, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21
	CERTIFICATE OF DEA	TH

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1. DECEASED-NAME	First		Middle		Last		2a. DATE (	OF DEATH			2b. HOUR P
(Type or print)	Anna		F rance	S	BARRY			March	18.	1968	
3 SEX		4. RACE			DATE OF BIRTH	1		A ACE (In use		NOER 1 YEAR	IF UNDER 24 HRS.
Female		White			July 3			lost birthday)	YRS MON	THS OAYS	HOURS MIN
7o BIRTHPLACE (Stole country)	ar foreign 7b	CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIE	1	COUNTY C				
Maryland		U.S.A.		WIDOWED			Balti	more,			Md
10 CITY OR TOWN OF	DEATH	11 NAM	E OF HOSPITAL OR INS	TITUTION (If nat	ın həspital	120 USUAL	OCCUPAT O	N (Kind of work	Ret.	26 KIND OF B	USINESS OR
Towson		give stre	eet address) ST. JOSEP	H HOSPI	TAL	Clair	st of warkin <b>n Ropi</b>	ig life, even if reti resentat:	(ed)	Social	Secur
130 USUAL RESIDENCE		lived, of institution		13c, CITY OR TO	OWN 136	INSIDE CITY LIMI	iTS? 13e S	STREET AND NUMB	ER		Ly
odmission) STATE Maryland		13b. COUNTY	- · · · · · · · · · · · · · · · · · · ·	Balti	more Y	ES 🙀 NO [		08 Exete	r Hal	l Ave.	
14. FATHER'S NAME	First	Middle	Last	15. /	NOTHER'S MAID	N NAME Fire	st	Mid	dle		Last
M	ichael	I	anasa		Mar	y E	E. P	Mullen			
16a. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	66 SOCIAL SECURITY N	IO. 17 INF	ORMANT			Addr	ess		
Yes, no, or unknown	(1) has fine was or	dates of service)	213-16-52	238 Will	lliam B	arry.	808 E	Exeter Ha	all A	VO.	
18. CAUSE OF D	EATH (Enter only o		for (a), (b), and (c).)							APPROXIMA	LTE INTERVAL SET AND GEATH
PART I. DEA	TH WAS CAUSED B'	t. Ar	cute myoc		infarct	ion					A. 14110 GENTIN
	IMMEDIATE	1 /	A CONSEQUENCE OF			-					
Conditions, if any	, which gove		rterioscl	erotic	cardiov	ascul	er di	58850			
rise ta immedia	le cause (a),	(u)	A CONSEQUENCE OF	00 0 020		40042	000 0000	30404			
stating the undi	erlying couse	(c)	A CONSEQUENCE OF								
	IGNIFICANT CONDIT		IG TO DEATH BUT NO	OT DELATED TO T	NE TERMINAL D	ISEASE OPCO	NDITION GIV	JEN IN PART 1/61			
JAKE 2, OTHER 3	IONII ICANI CONDII	TONS CONTRIBOTION	IO TO DERTII DOT INC	A KLENIED TO T	HE TERMINAL D	ISLASE OR CO	mpinion on	TEN IN PART I(0)			
19a. DATE OF OPER	ATION TION CON	IDITION FOR WHICH	OPERATION WAS PER	EUDWED	20a. AUTOPSI	Pa .	l anh	IF YES, WERE FIND	MEC CONS	DEDED IN CED	TIEVING
E 170. DATE OF OFTER	170. 001	IDITION FOR WINCE	OF CRAHON WAS FOR	CICKALD	YES T	NO 🗀		ES OF DEATH?	INGS CONS	DEKED IN CEN	ATT TINO
190. DATE OF OPER	AS TINDEDLAING	21b TIME OF II	UNIDV	in. now	C-21			from to Dood & or D	net 0. 14 ann	103	
			Manth Day Year	ZIC HOW	INJUKT OCCUR	KED (Enter i	narure ar in	jury in Part 1 or P	arı 2, item	18.)	
	medical examiner)		19								
₹ 21d INJURY OCC While Mot w	UKREU   21e PLA hile []	CE OF INJURY (	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	10ki.) 211 EUCA	TION Street o	r R F D Na.	Cit	ty ar Tawn	(	ounty	Stote
at work " at wa	ırk ''				21211						
22a. I certify	that (29, (this I	naspital) atten	ded the decease	d from	3/14/	, 19_Q	<u>6</u> , to	3/18/	_, 19 <u></u> C	O, that (	(we) last
Sam tue	aeceasea aiive Sated ahave (1	on	id nat) view the	andy after de	nar in (my).	(aur) apin	ian ueain	i accurrea an i	ne date d	ina naur a	na iram ine
22b. SIGNATURE		O o t	id half the trans to	saay anor ac	W1111				22c. DATE	SIGNED	
	The	llia	- `	DEGREE	ATTENDING PHYS.	☐ ME	D. RECTOR	STAFF PHYS.		h 18,	1968
22d. PHYSICIAN'S NAME (Type)	Ines	Cilliani	, M.D.		22e. ADDRES 7620	York	Rd.,	Towson,	Md.	21204	
23a. BURIAL, CREMATIC			23c NAME OF (	CEMETERY OR CR	EMATORY			ION (City or Town	) ((	eunly)	(Stote)
BABA Polait	3-2	1-68	Mor	reland				o., Md.			
24 FUNEDAL DIDECTOR			ADDRESS		20	a DEC'D DV	DECISTRAD	20h DEC15	TDAD C SIGI	TATLIDE	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cambletery filly in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cachon papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs. Page ■ may b ■ mtained by the haspital ar attending pllysician VR A15 (4) 30M REV, 1/68

24 havrs after death

TO MUSTITAL OF ATTINITING PHYSICIAN: The law requires that the Beath certificate be executed within

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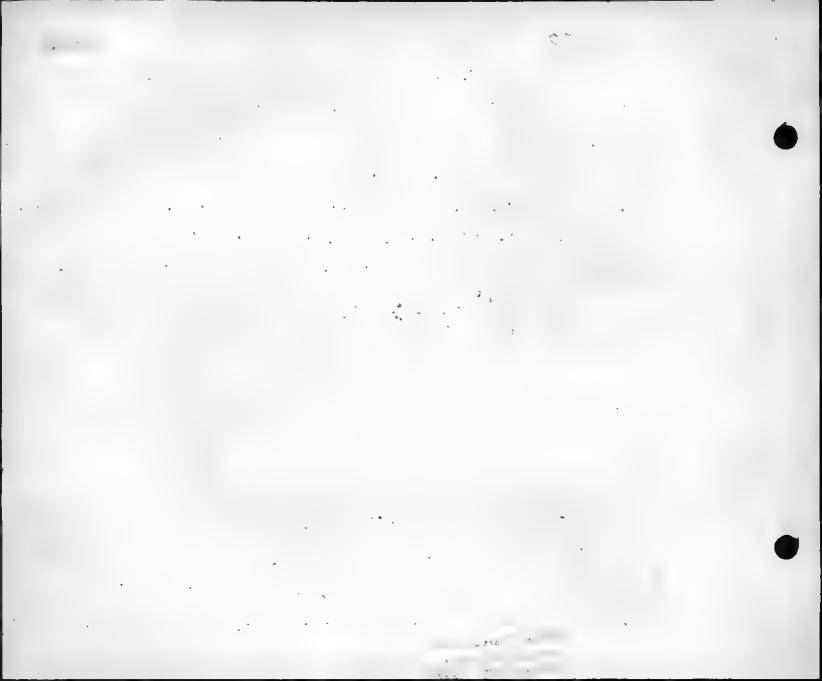
Leonard J. Ruck, Inc., 5305 Harford Rd.

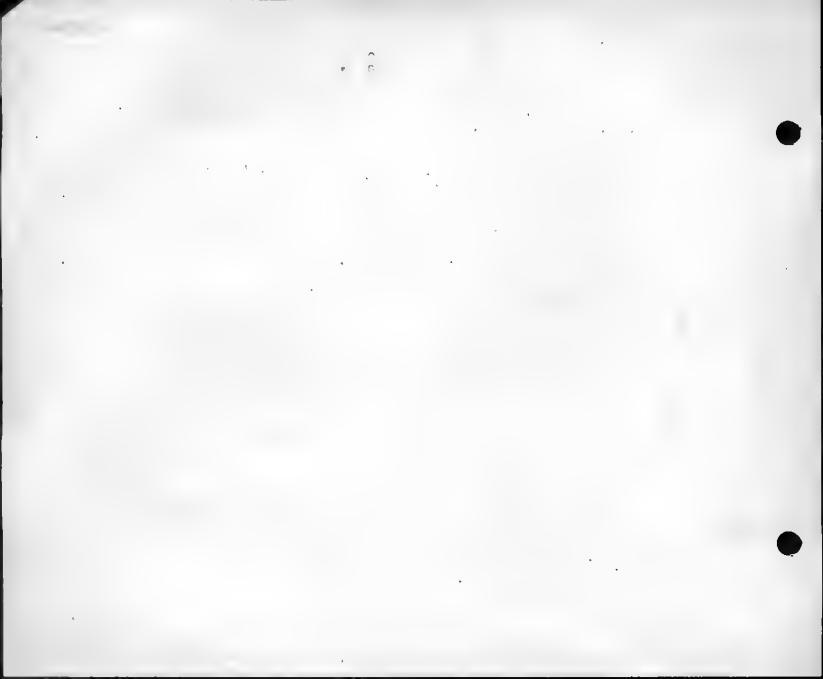
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 533 DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR and (Type or print) physicion and completely filled in by the foneral en please remove carban papers. Pages I and MARCH Mary 0, 1968 KATHRINE BARRY 3. SEX 4 RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after lost\_birthdoy) female white June 22,1886 corbon papers. Pog ent. within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Baltimore Newark, Ohio WIDOWED TY DIVORCED [ 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Catonsville Beechwood Ave home 130. LSUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY JIM-TS? odmission) STATE 13b. COUNTY Catonsvi Beechwood 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last and in a O'Shaughnessy James Daniel Maru Ellen O'Neil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown? (If yes give war or dates of service) or removal, Mrs Mary Kathleen Johnson 118 N. signed by the attending phy burial-tronsit permit. Then none 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c)) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF the hospital or ottending physician. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate hos been the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES 🔲 NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached ( AT HOME, FARM, STREET, FACTORY, ) 214. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at wark O FUNERAL DIRECTOR: After director, page 3 should be c 220. I certify that (I) (this hospital) attended the deceased from 1967, to 20, 1965, that (I) (we) last saw the deceased alive an 1965, and thot in (my) (our) opinion death occurred on the date and hour and from the be retained causes stated abave, (i) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE director, page 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) BREMOVAL (Specify) 1968 New Cathedral Cemt. Baltimore Maruland 24. FUNERAL DIRECTOR 25o. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 736 Edmondson Ave. 1968 30M REV Catonsville, Md. 21228





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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03614

CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) DAVID Κ. BAUM 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MALE WHITE 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED WIDOWED DIVORCED [7] BALTIMORE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
521 NASSAU during most of working life, even if retired ) INDUSTRY RETAI MERCHANT 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO X NASSAU STREET 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Last KARSHMAN BAUM UNKNOWN MRS. HELEN BAUM, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO KENNETH 0/0 Yes, no, or unknown) RAITO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

CCLUT CC RETWEEN ONSET AND DEATH aut och v. Elvor DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave: rise ta îmmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 19a DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -NO 🖹 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work at work 22a. I certify that (I) (this haspital) attended the deceased from 1960, to 1970, to 1970, to 1970, that (I) (we) last saw the deceased alive an 1960, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS DIRECTOR 22e. ADDRESS PHYSICIAN'S NORTHERN NAME (Type) MILTON KIRSH 4000 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION, (County) 3-14-68 BALTIMORE HEBREW BALTIMORE. MARYLAND RD 25d. RECD BY REGISTRAR REGISTRAL & SIGNATOR 24. FUNERAL DIRECTOR **ADDRESS** LEVINSON & BROS., 6010 REISTERSTOWN

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV 1/68

director, page 3 shauld shauld be filed with the

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

attending

Page 4 may be retained by the hospital or

physician and completely filled in

please remave carban

burial-transit

as the

State Dept. of Health priar ta





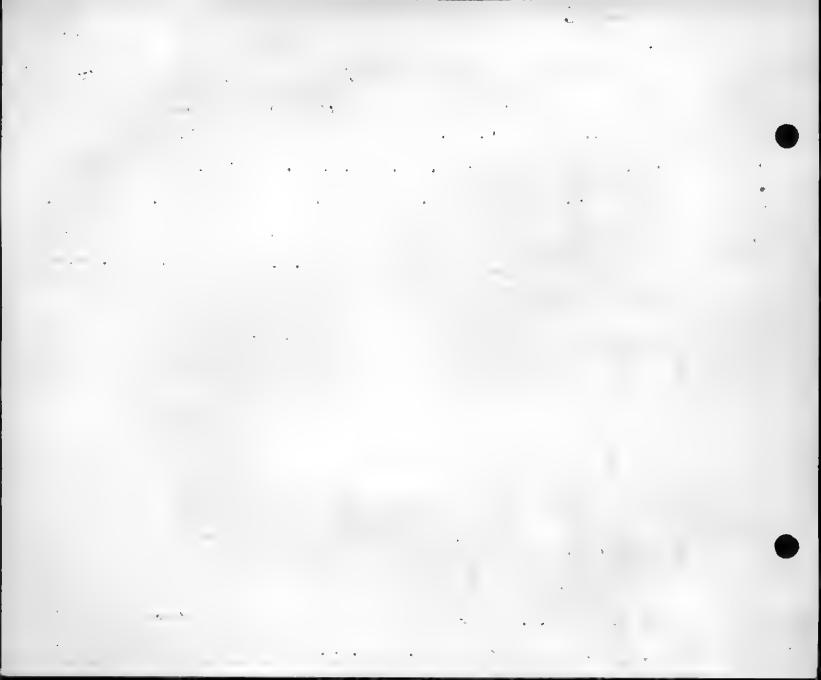
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e Light		18. CAUSE OF DEATH (Enter	only one couse p						BETWEEN ON	AYE INTERVAL SET AND DEATH
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VR A15 44 30M REV 1/68	1			. 5305 Ha	rford Rd.	2Sa. RECD B	y registrar 2 8 196	25b. REGISTRARS	SICNATURE	· ·
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH First death. and (Type or pnnt) erd BEERMAN XXXXXXXXXXX BARNET 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (in years WHITE 2- 22-76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BAllimire DIVORCED WIDOWED 🔀 requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remaye carban pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR RAN Hall stown Md. give street oddress)

130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 130 CITY OR TOWN 130 INDUSTRY during most of working life, even if retired.) TEWELERY 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY BAlfinorE 3330 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First HILLEL BEERMAN SARAH 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT MARTIN BEERMAN Yes, no or unknown) SLADE AVE. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic colored DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the t Health priar to b POST TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 3-20-68 YES 🗍 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R F.D. No. 21e PLACE OF INJURY City or Tawn County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 3-10-, 1960, ta 3-20, 1960, that (1) (we) last saw the deceased alive on 3-20, 1960, and that in (my) (our) apprian death occurred on the date and hour and from the director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED 3-20-68 22d. PHYSICIAN S 22e ADDRESS NAME (Type) BALTIMORE COUNTY GENERAL HOSPITAL QNI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION ANSHE EMUNAHIAITZ CHAIM. BALTIMORE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 8 30M REV TYPE STERSTOWN



	D STATE DEPARTMENT OF HEAL		
	301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201	600
\	ERTIFICATE OF DEATH		. 909
1. DECEASED-NAME First Middle	Lost 2o.	DATE OF DEATH	2b. HOUR
(Type or print) MildRED PEARL	BEM	DATE OF DEATH Month Day	1969 M
3 SEX 4 RACE	S. DATE OF BIRTH		F JNDER I YEAR IF JNDER 24 HRS.
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13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	130 STREET AND NUMBER	
odmission) STATE Md. 13b. COUNTY BALTOMONE	PO . YES NO	4101 PARKWOOD	Ave.
14. FATHER S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
John CRAWF			ETCHISON
16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (if yes give war or dates of service) 2/3-/2-2		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s):  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	on failure		
174 × DUE TO, OR AS A CONSEQUENCE OF			
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rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	, ,		
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190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	YES NO Z		- 101
	21c. HOW INJURY OCCURRED (Enter notus	re of injury in Port 1 or Port 2, Ite	IM 16.)
(If either, notify medical exominer) P.M.		P/L T	County State
While Nat while (	211. LUCATION Street or R.F.D. No.	City or Town	County State
at work — at work —	10/0	to 3 67 10 c	S that (I) (wa) last
22a. I certify that (I) (this haspital) attended the decease saw the deceased alive an saw the deceased alive an saw the deceased alive an saw the deceased alive and saw the deceased alive alive and saw the deceased alive and saw the deceased alive alive alive alive alive alive alive and saw the deceased alive	9 4 and that in (my) (our) opinion	death occurred on the date	e and hour ond from the
causes stoted abave, (I) (we) (did) (did not) view the	body after death.		
226. SIGNATURE SONK K. Makik	ATTENDING - MED.	22c. DA	ATE SIGNED
201	DEGREE PHYS L DIRECTO	OR D PHYS. D 3	. 8.68
22d. PHYSICIAN'S DIPAK K. MALLIK	22e. ADDRESS 9. B.	M.C.	
REMOVAL (Sparify)	1 1 1	LOCATION (City or Town)	(County) (Stote)
13cric 3/2/08 ar	LNOOD CEMETERY	SISTRAR 2Sb. REGISTRAR'S S	GNATURE .
JOAN C. Miller Inc-6415	RI'DI	1 2 1968 PCLG	
JUNK C, 1/1//8/ LAC. 64/3	MARIAIT / A. DATE MAR	1 3 1968	was the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR 24 haurs after death. death uneral 1 and (Type or print) Month 7:26A Harry Charles Louis RESTLAND March 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthdoy) MONTHS HOURS White March 23, 1968 Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore, WIDOWED -DIVORCED | Maryland U.S.A. P d 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done burial, crematian, ar remaval, and in any event, withir 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within give street address)
ST. JOSEPH HOSPITAL during most of working life, even if retired.) INDUSTRY attending physician and campletely fermit. Then please remave carban Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 157 13e. STREET AND NUMBER Mary Land 13b. COUNTY Club Lane 29 Fox Baltimore YES NO X 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Harry Leonard C. Bestland Marykatherine Allev Hedwig 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive pulmonary atelectasis signed by the attendir burial-transit mermit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior tall 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES XI 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark OR ATTENDING 220. I certify that (a) (this hospital) attended the deceased from 3/23/ sow the deceased alive on 3/25/ 19 68 and that in (r \_\_\_, 19\_68\_, to\_\_ 3/25/ \_19\_68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. March 25, 1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Ines Cilliani, M. NAME (Type) 7620 York Rd., Towson, Md. 21204 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAD (Specify) 256. REGISTRAR SSIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D\_RY\_REGISTRAR

VR A15 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 601 Lost 2n. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR deoth (Type or print) JOSEPH BIALEK MARCH buriol, cremotion, or removol, and in any event, within 72 hours ofter S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years lost dirthdoy) 2/14/08 Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED KNEVER MARRIED requires that the death certificate be executed within 24\_hew Baltimore, Maryland Baltimore County DIVORCED [ U.S.A. WIDOWED [T 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in-baspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Que street address) Hospital Veterans Administration during most at warking life, even if retired.)
Clerk INDUSTRY Gas Fort Howard Elec.Co. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE
Maryland 136. COUNTY 2816 Hudson Street YES X NO 🔲 Baltimore 14 FATHER'S NAME Middle First IS. MOTHER'S MAIDEN NAME First Joseph Catherine Bialek Lebdowicz 16b. SOCIAL SECURITY N 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 212-05-5012 Clinical Records, VAH, Fort Howard, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY CEREBRAL HEMORRHAGE DAYS CEREBRAL ARTERIOSCLEROSIS UNKNOWN Conditions, if ony, which gove isse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse HYPERTENSIVE VASCULAR DISEASE UNKNOWN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NOXX the hospital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark 22o. I certify that (t) (this hospital) attended the deceased from Feb. 28, 108, ta March 1, 1968, that (we) last saw the deceased alive on March 1, 1968, and that in (May) (our) opinion death occurred on the date and hour and from the llage 4 moy be retained causes stoted above, (we) (did) (states) view the body after death. 22c DATE SIGNED 22b. SIGNATURE 4 **ATTENDING** MED. DIRECTOR 3/2/68 director, goge 3 should be filed v DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NEILON NEILSON. M.D. VA Hospital, Fort Howard, Maryland 23d LOCATION (City or Town) 23b. DATE 3/5/68 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) (State) Holy Rosary Cemetery Maryland REMOVAL (Specify) Baltimore. 250 REC'D BY REGISTRAR 4 1968 24. FUNERAL DIRECTOR 2829 Hudson Street VR A15 (4) 30M REV. 1/68 John J. Duda Funeral Home Baltimore, Maryland Mer

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the fuheral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

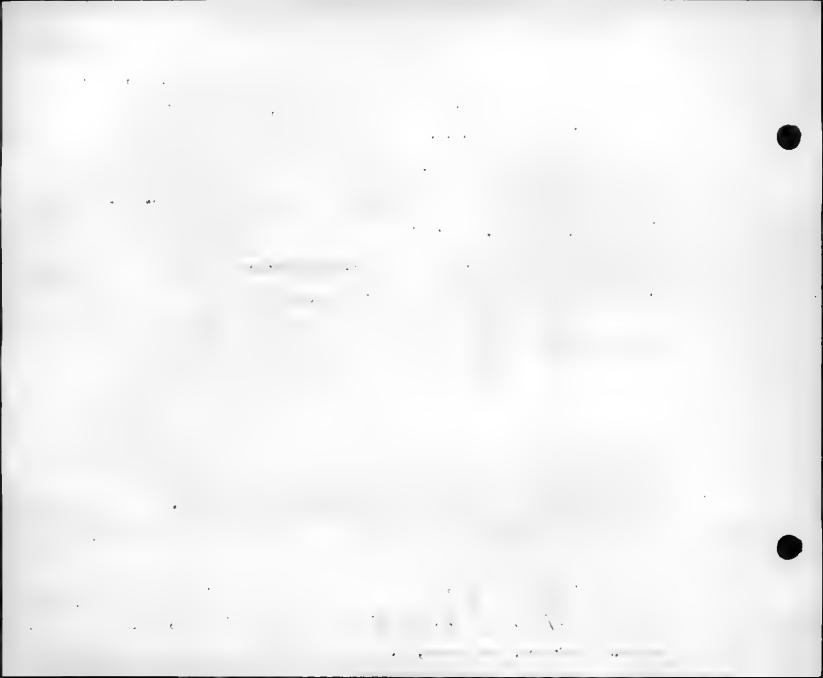
VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Λ		-	- 10 25		C	ERTIF	ICATE OF	DEATH					02	
J		CEASED-NAME	First		Middle		Last		2a. D	ATE OF DEATH	d. P	м.	2b	HOUR
1	LIY	/pe ar print)	MAR	Y	FRANCES		BIANC	A		MARCH Man	17.	1968		A
3	SEX	(		4. RACE		1	S. DATE OF E	BIRTH			In years	IF UNDER YEAR MONTHS DAYS	IF UNDE	R 24 HRS.
L	FEMALE WHITE DECEMBER 6.								965	I IGST DI	rthday) 2 YRS.	MONTHS UNTS	HOURS	MUN
	o Bl	IRTHPLACE (State or BALT)	foreign 71	o. CITIZEN OF V	WHAT COUNTRY? U.S.A.	8. MARRIE WIDOWE	D NEVER MA	RRIED 9	. COUN	TY OF DEATH BALT	IMORE			Mo
T	0 CI	TOWSON	ATH	11 give	NAME OF HOSPITAL OR INS e street addre	INTUTION (I	not in haspital HOSPIT	AI during mas		PATION (Kind of arking life, even		12b. KIND OF INDUSTRY	BUSINES	S OR
1 0	3a. l admis	USUAL RESIDENCE (V ssian) STATE MA	Where deceased ARYLAND	tived, if institution 13b. COUNTY	ution: Residence before	BALT	OR TOWN	YES NO		60 MUR		D. #21	212	
Ī	14. F/	ATHER'S NAME	FRANCI:	Middle J.	BIANCA		IS. MOTHER'S A	MAIDEN NAME Fin GA	ROL	A McGr	Middle		Last	
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l	굯	21a. ACCIDENT WA  ☐ or contr buting [ (If either, natify m	CAJSE OF DEATH	) P.M	l. Manth Day Year l. 19			CURRED (Enter	nature	af injury in Part	l ar Part 2, I	tem 18.)		
		21g Injury OCCURRED While at work 21g. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Gity or Town County State of work 21g work												
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	- [	22b. SIGNATURE	atin	, 4	2 Dingon	_ DE	GREE PHYS	☐ DIR	RECTOR		CX.	3-17-6		
		22d. PHYSICIAN'S NAME (Type)	Beatr	iz P. I	Mizon, M.D.		22e. AD	DRESS 20 York	Ro	ad, Bal	timore			
		BURIAL, (REMATION REPRY LANGUE)	23b DA 3/1	.9/68	Dulaney				Ba]	location (City of L <b>timore</b> ,	Mary]		Epit (5)	e)
		onard	Ruck I	nc. B	altimore, M	d		2Sa. REC'D BY		8 1968	REGISTRAR S	SIGNATURE	edge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05622 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2a. DATE OF DEATH First Middle 2b. HOUR TO . The law requires that the death certificate be executed within 24 haurs after death (Type or print) the attending physician and campletely filled in by the funeral sist permit. The please remove carbon papers. Pages—I and matian, or removal, and in any eyent, within 72 hour after ago MILDRED Lee BIEBL MARCH 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthaay) HCHERS. FEMALE WHITE JUNE 1. 1906 7g BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED і NEVER MARRIED country) U.S.A. WIDOWED [ DIVORCED [ MARYLAND BALTIMORE, 10. CITY OR FOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) TOWSON JOSEPH HOSPITAL burial, crematian, or remaval, and in any event, 13o. USUAL RES.DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? YES A 13b, COUNTY BALTIMORE CASTLE STREET 14. FATHER'S NAME First M.ddle 15. MOTHER'S MAIDEN NAME First Lost Behrns Margaret Mueller George 16b SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war ar datus of service) Yes, no ar unknown) -21.2-01-4021 Frank Riebl 111 S Castel Street APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if ony, which gove ) probable osteogenic sarcoma of left thigh rise to immediate cause (a), with massive metastasis to lung. Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO -YES 🕱 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while of work 22a. I certify that (M(this haspital) attended the deceased fram MARCH 17. , 1968, to MARCH 30, 1968, that M (we) last saw the deceased alive an MARCH 30 1968, and that causes stated phove, (I) (we) (did) (did not) view the bady after death. \_1968., and that in (my) (aur) apinion death accurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR March 31, 1968 DEGREE 7620 York Rd., Towson, Md. 21204 22d. PHYSICIAN'S Samuel Lee, M.D. NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) REMOVAL (Specify) 3801 FREDERICK AUE Loudon Park Cemetery MD 1968 FLIANTE 250. REC'D BY REGISTRAR DIPPEL BROS INC 1800 E LOMBARD ST 30M REV



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중 등 항 수요 :						
A X D E		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner (	, and in my aphian			
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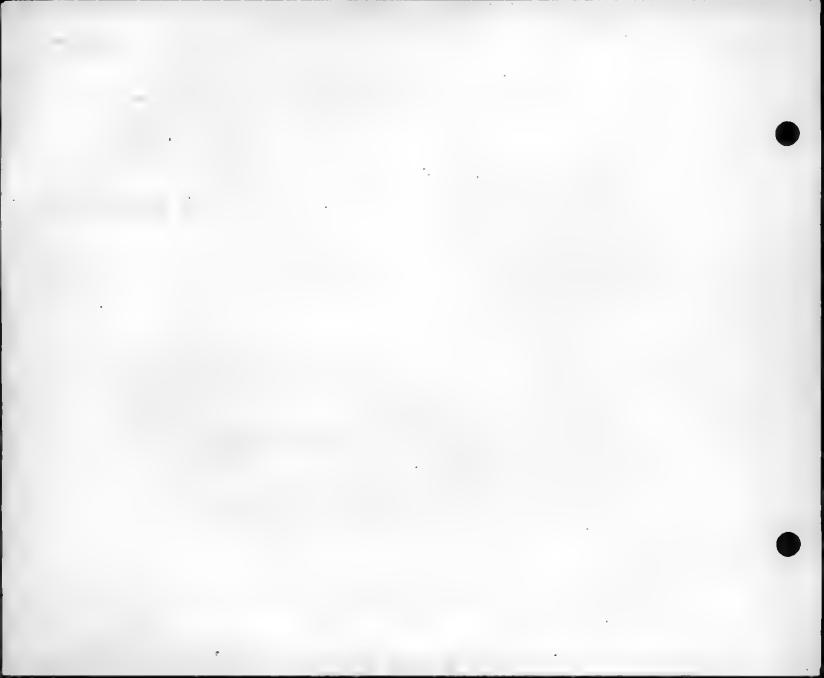
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 1. DECEASED-NAME First 24 haurs after death. death (Type or print) KEARNEY 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER I YEAR 3. SEX last-birthday) MONTHS COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED 🗌 country) DIVORCED WIDOWED 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR law requires that the death certificate be executed within during most of working ife, even if retired.) give-street address) INDUSTRY ± × please remave carban signed by the attending physician and completely burial-transit permit. Then please remave carbon burial, cremation, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e, STREET AND NUMBER 13c, CITY OR TOWN 13d INSIDE CITY UMITS? 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yesana, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 宣 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. be detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Not while at work at work 22a. I certify that (I) (this hospital) attended the deceased fram AUNE . 19 6 7, ta\_ saw the deceased alive an MAR 6 \_19 6 Sand that in (my) (aur) apinian death accurred an the date and have and fram the shauld causes stated abave. (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. PHYS. directar, page Shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 1968



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FOR STATE		03826 DIVI		· ·	R'S CERTIFICA			r a ex
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I within 24 n pencil im Examiner's Examiner's File pages n 72 hours		(es <b>No9</b> or nuknowu) (II. <sup>2</sup>	RMED FORCES? yes give wer or deles of service)	16b social security None	NO. 17 INFORMANT (	(Grandmoth lsa L. Hub	er) ADDRESS bard, 3223 D	undalk Ave.
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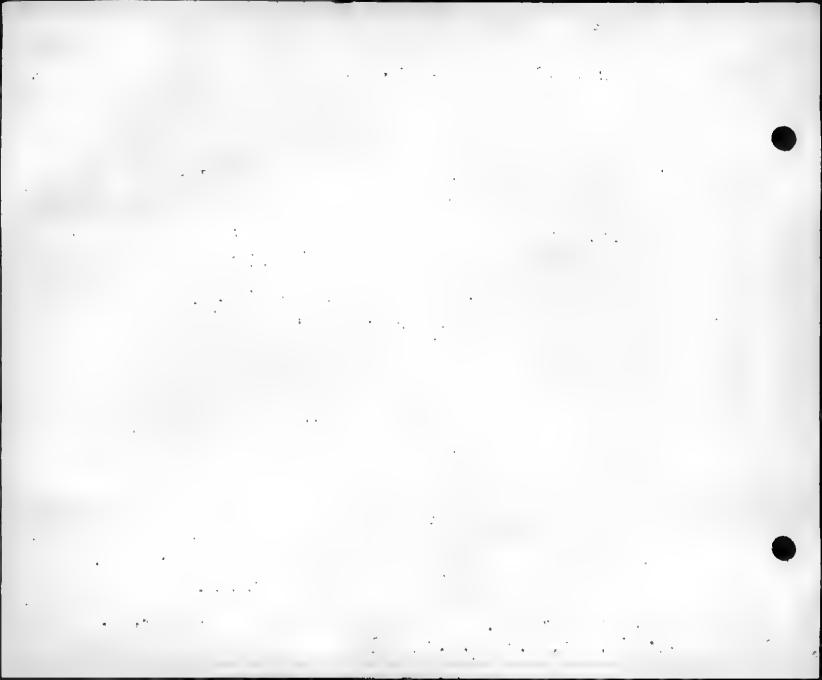
	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 608
HEALTH DEPT	1 DECEASED-NAME Frst Middle Last 20. DATE KNOWN   Manth Do	
e to se to s	(Type or Print) FLETA MAY BOPP DEATH MATED MAR	31 1968/2N1
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with with	130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c City or Town admission) STATE MD 13b COUNTY BALTO. ESSEX YES NO 315 50. TAS	-LOR AVE
hours Item 1 Office I ond 2	14. FATHER'S NAME First Middle Last IS MOTHER'S MAJDEN NAME First Middle	Last
	FERDINANO LEFFEL	4
I within 24 in pencil in pencil in Exominer's Exominer's File pages 7.7 hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service)  16b SOCIAL SECURITY NO 17 INFORMANT  TAMES BOPP JR.	ABOVE
	18 CAUSE OF DEATH (Enter only one cause per line (or (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) A-5-C-V-DISEAS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d be	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form streets 21t LOCATION Street or R.F.D. Na. (day or Town	18.)
	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work at wor	County State
L EX	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinior
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VR A15ME OF	J.G. CONNELLY SONS 300 MACE PAPR 5 1968 Pelindan	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Item 1529 1 m G399 4/16/60 kg CERTIFICATE OF RESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First (Type or print) lease remove carban papers. Pages T and and in any event, within 72 hours after death RANDOLPH OWAR 1.30PM 3 SEX 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Ehysicia■ and campletely filled in by the sen please remave carban papers. Pages last birthdoy) Cau 12-16-1896 reavires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED BALTO MD WIDOWED BALTIMORE U.S.A. DIVORCED [ 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) GREATER BALTIMORIEM most of working life, eyen if retired ) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR BALTIMORE MEDICAL CENTRE Retired 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e CITY OR TOWN 13d. INSIDE CITY LIMITS' 13b. COUNTY 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle FRANCES CHARLES MORAN BROLL LOUISE 17. INFORMANIEmma Nixon, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no. or unknown) SISTER-IN-LAW ar removal, 3311 BATAVIA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gave ) rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 2Da. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 19 NO [ ed for use O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJJRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State White Nat white at work at work L 22a. I certify that (1) (this haspital) attended the deceased from HARCH 9, 1968, to MARCH 1968, that (1) (we) last saw the deceased alive on MARCH 26, 1968, and that in (my) (aur) apinian death accurred on the date and hour and fram the be retained causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS G.B.M.C. NAME (Type) Isabelle Macgregor director, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION 23b. DATE (County) Baltimore, Md. 3/29/68. Dulaney Valley Cemetery 25o. REC'D BY REGISTRAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dear Page 4 may be retained by the hospital ar attending physician.

CEPTIFICATE OF DEATH

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PE		CEASED-NAME	First		Middle		Lost		2o. DATE OF				2b. HOUR	
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ysic ple al, a	Y.	ar unknawn)	(II yes give wor	or dates of service)	212 01 44			RECOR	DS. VA			HOWAR	D. MD	
signed by the attending physician and campletely filled in By the burial-transit permit. Then please remove carbon papers. Page: burial, crematian, ar remaval, and in any event, within 72 hours of	H	18 CAUSE OF DEAT			e for (a), (b), and (c).)							APPROXI	MATE INTERVAL INSET AND GEATH	
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Page 1		22d. PHYSICIAN'S					22e. ADD							
d d be		NAME (Type)	RICHAR	RD R. ST	EPHENSON, 1	A.D.	VA	HOSPIT	AL, FO	RT HOW	ARD,	MARYLA	ND	
<b>FUNERAL DIRECTOR:</b> After this cel director, page 3 shauld be detache shauld be filed with the State Dept.	23a.	BURIAL, CREMATION,	23b. Da		23c. NAME OF C	EMETERY O	OR CREMATORY		23d. LOCATI	ON (City or Tov	vn)	(County)	(State)	
50 111		KEROAT (POScA)	14	-3-68	Baltimo	re Na	ational	Cemete	ry B	altimor	ce M	arylan	d	
VR A15 (4)	24/	THERAL DIRECTORY	Mille	FREDER	Baltimo A CADDRESS ICK & DO GE	SI	REET	AP AP A	REGISTRAR	968° ×	COL	Co Jan	de	
	4.	FUNERA	L HOME	BALTIM	ORE, MD. GE	EO.L.	SchwaB	DATE				U		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2g DATE OF DEATH 2b. HOUP physicion and campletely filled in by the fungrary on please remove carbon papers. Pages 1 and 2 oval, and in any event, within 72 hours after death. (Type or print) Month 968 Gentrude March Brower 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years law requires that the death certificate be executed within 24 hours after last birthday) 82 HOURS June 22. 1885 female white 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) U.S.A. DIVORCED [ Baltimore WIDOWED X Brooklyn, N.Y. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF Own Home ave street address) Towson Nursing Home Housewife, even if retired.) ottending physicion ond compressy ... Towson 21204 burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY EMITS? 13e STREET AND NUMBER 13P COUNTA 504 Alabama Road Towson 14 FATHER'S NAME Last. IS. MOTHER'S MAIDEN NAME First Middle Williams Evelvn Brower Theodore 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 21204 (If yet dive war or dates of service) Yes, na, or unknown) West Road Dulaney Towson Nursing Home 111 18 CAUSE OF DEATH (Enter on γ one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) Conditions if any, which gave t burial-transit rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 'ficate has been s I for use as the b if Health prior to b 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. ō If either, natify medical examiner) P.M. O FUNERAL DIRECTOR: After this cert be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 3 should 22b S GNATUR 22c. DATE SIGNED DEGREE director, poge should be filed DIRECTOR 22e ADDRESS Sch7 22d. PHYSICIAN CEMETERY OR CREMATORY 23d LOCATION (City as Tawn) (State) 23a BURIAL CREMATION 23b DATE (County) New York VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00632 03613 CERTIFICATE OF DEATH 1 ost 20. DATE OF DEATH 2b. HOUR Middle First DECEASED NAME CH Type or print Sadie rsician ond completely filled in by The funeral please remave corban popers. Pages 1 and 2 I, and in ony event, within 72 hours after death MS ASH D20 Brown L. IF UNDER I YEAR IF UNDER 24 HRS. ofter 4. RACE S DATE OF BIRTH 6. AGF (In years 3. SEX lost birthdoy) DAYS HOURS JAIN. /3/1877 white female requires that the death certificate be executed within 24 hour 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Baltimore the attending physician and completely filled in sit permit. Then please remave corban papers. U.S.A. Maryland WIDOWED X DIVORCED [ 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH INDUSTRY during meet of work na life, even if retired) Shady Nook home Nursing Home Catomsville 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY NO 🗔 YES 🗀 Woodstock rural Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost 14 FATHERS NAME First Snyder Snyder George 165 SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) Woodstock, Md. W. Howard Br own or remova APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit use to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l O FUNERAL DIRECTOR: After this certificate has been the CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 2)e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. Stote City or Town County 21d. INJURY OCCURRED While Not while of work ot work ATTENDING sed from 1967, 1967, to 2011 May 1960, that (1) (we) last and that in (my) (aur) opinion death occurred on the date and hour and from the 220. I certify that (I) (this haspital) ottended the deceased from sow the deceased alive an 20 M be retorned director, page 3 should should be filed with the causes stated above, (1) (we) (dig) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS. 22d. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23b DATE 23o BURIAL, CREMATION, 250 REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



T manua	MARYLAND STATE DEPARTMENT OF HEALTH	
X (1/1)	63 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b	HOUR
× 0 0 7 ±	(Type or Print) Gertrude A. Buchman DEATH MATED March 21 196851	S M
d 3 ta d 3 ta . Page ent af		HOUR
ny delay 2, and 3 PM3. Pa	igst minday   Months DAYS HOURS MIN Month And Day Year	15
A SA	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	/- M
	(Outlity)	
A P P	Cumportand Md 11 C A monte - stokes - buccumore	Md
Page 1	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work in the even if retired) INDUSTRY  12 USUAL OCCUPATION (Kind of work done libb KIND OF BUSINESS during most of working if e even if retired) INDUSTRY	UK
after death 3 Give Pages blang with far with the State	St. Joseph's nosp.   Beautician   Beauty	
s after 18 Gn 18 G	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b (OUNTY 13d INSIDE CITY LIMITS?	
2 wil	odmission) STATE Md. 138 COURT BAXXXX - Basto, 21218 YES & NO 421 Venable Ave	
haurs after death ttem 18 Give Pages 1, Office alang with farm 1 and 2 with the State Office after death	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost	
	Peter H. Mause Mary Ellen Kerns	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within penal xaminel ile page 72 hau	(Yes. na, ar unkr .n) (Hyes give wor at dates at service) 720-30-7413 Wiss Tuanita Mause (Same)	
J with his pile in bile File n 72	18 CAUSE - DEATH (Enter only one couse per line for (o), (b) and (c))  APPROXIMATE MICES BETWEEN ONSET AND G	AL
This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwerded to the Chief Medical Examine be used as a burial-transit permit. File paginremanal, and in any event within 72 hau	PART 1 DEATH WAS CAUSED BY	(AHI
din din hed	IMMEDIATE CAUSE (o)  DUE TO OR AN A CONSEQUENCE OF	7
ruld be execute vard "pending" te Chief Medica al-transit permit any event with	Conditions, if any, which gove ) Draw 3 - / // Se 3 Se	-
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第二 20 0	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)	
INER: ne certifi shauld files. 3 shauld natian, c	PRIMARY OR CONTRIBUTING HOUR A.M  CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.F.D. No. City or Town County 5	
(AMINER: te the certi je 4 shauld raur files. age 3 shau crematian,		Stofe
EXAM ute th ige 4 yaur Yaur Page	WHILE NOT WHILE of foctory, office building, etc.)	
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ICAL E execution. Pa ed far CTOR: burial,	death resulted Farm Natural causes Accident Suicide Hamicide Undetermined mariner	- in dire
director etained DIRECTOR		
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To DEPUTY Deason necessary, please the funeral direct 5 may be retained to FUNERAL DIRECT Health prior to be	1011901 0 1201101	
5 = 2 5 ± 2	23a BURIAL, CREMATION, REMOVAL (Specify) 23b DATE 23C NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (State)	
W	Burial 3/25/68 Noreland Mem. Park Parkville, Balto. Co. N	ld.
	Henry W. Jenkins & Sons Co. 4905 York Road MAR 2 6 1968 256 PERSONALISE	
VR A15ME [5]\ 10M REV 1/68	Henry W. Jenkins & Sons Co. 4905 York Road DAIL DAIL	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03634 CERTIFICATE OF DEATH 03615 Middle DECEASED-NAME First Last 2g. DATE OF DEATH 2b HOUR (Type or print) Manth 20 Day 68<sup>Year</sup> CLARA CLEVELAND BUCKLER 1:30Pm March requires that the death certificate be executed within 24 haurs after 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 6 AGE (In years last birthday) MONTHS the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pages nation, at removal, and in any event, within 72 haurs aft Female Cau. October 5th, 1884 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED DIVORCED [ Baltimore Wicomico Co. Md 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Greater Balto. Med. Centernomenaker give street address) Baltimore 13a. JSJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN Lad. INSIDE CITY LINUTS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY 5913 Glenkirk Rd 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Lost 17. INFORMANT John Alex. Inslev Robert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, na, ar unknown) [If yes give wor or dotes of service] Mr. Edw StClara Buraklon-609 Hampton Lang-04 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) Hypertensive and arteriosclerotic cardiovascucrematian, lar disease DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Y(g) as the priartal be retained by the haspital ar attending has been 19g, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | YES 👽 Yes far use Health r O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detached Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work ATTENDING 220. I certify that (I) (this haspital) attended the deceased from 3/2/ sow the deceased alive an 3/20/ 19 68, and that in (m) . 19 68 , that (I) (we) last 19 68, and that in (my) (our) apinion death accurred on the date and hour and from the sow the deceased alive on.... shauld couses stated above (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** March 20, 1968 DEGREE DIRECTOR directar, page shauld be fil∎d PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RUDIGER BREITENECKER, M.D. Greater Baltimore Medical Center 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BURTAL (Specify)

Zion M E/Church

VR A15 (4) 30M REV 1/68

PUNERAL DIRECTOR



23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Parkstood Cemetery

23b. DATE

3/27

Mitchell Wiedefeld Home 6500 York Rd.

23a. BUR AL, CREMATION

24. FUNERAL DIRECTOR

30M REV 2768

REMOVAL (Specify)

23d. LOCATION (City or Town)

25a, REC'D BY REGISTRAR

DATE TALA DO 9

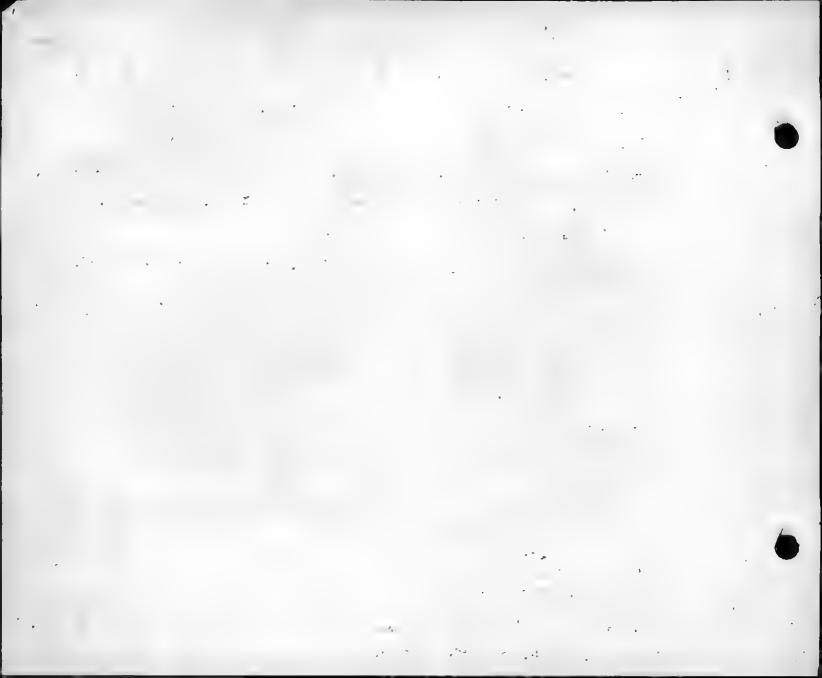
Baltimore Baltimore

25b. REGISTRAR'S SIGNATURE

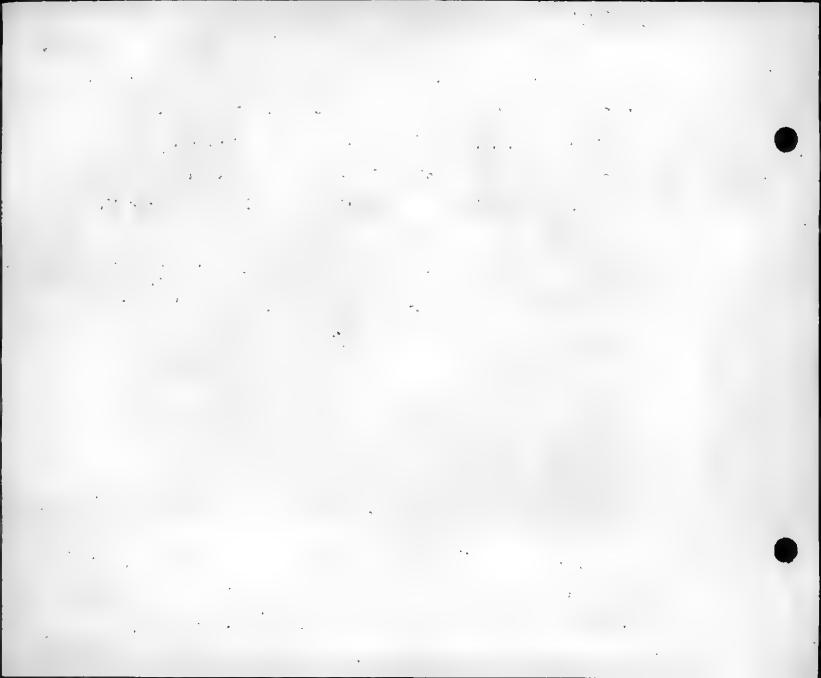
(County)

(Stote)

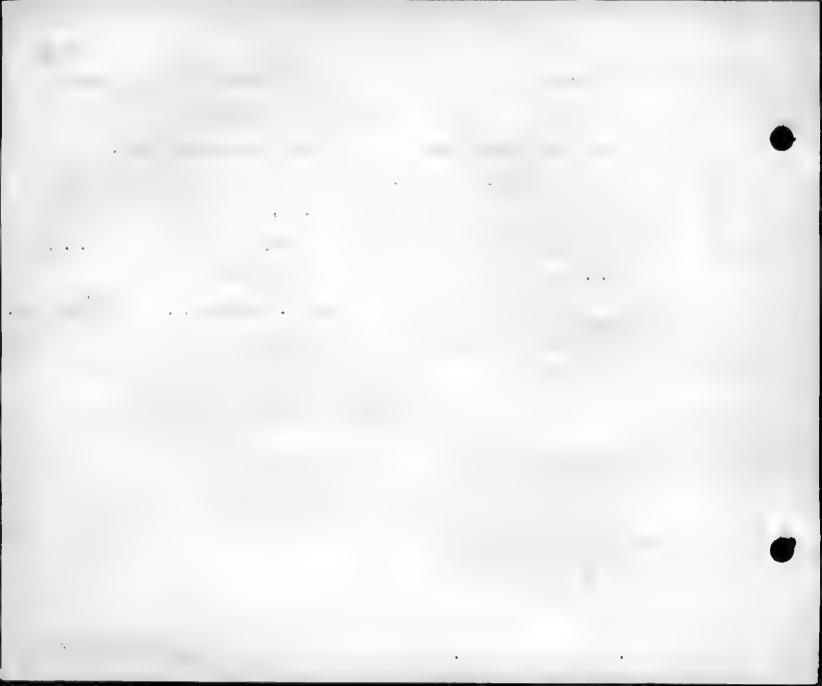
Md.



MARYLAND STATE DEPARTMENT OF HEALTH 03636 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03617 2b. HOUR Last 2o. DATE OF DEATH 1. DECEASED-NAME First Middle 24, haurs after death Month Yegr 968 (Type or print) deet Marv Buddemeier S DATE OF BIRTH 6. AGE (In years IF JINDER YEAR 1F UNDER 24 HRS. 3. SEX 4 RACE DAYS HOURS lost highdoy) MONTHS White August 18. 1885 Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED country) popers. WIDOWED X DIVORCED [ Baltimore Baltimore U.S.A. 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR WITHIN ID. CITY OR TOWN OF DEATH give street address Holl requires that the death certificate be executed within during most of working life, even if refired.) INDUSTRY carban Hill Manor Towson attending physician and campletely sermit. Then please remave carbon crematian, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY JIMITS? 13e, STREET AND NUMBER odmission) STATE 13b. (CHNTY Baltimore YES [ NO 🔽 628 Murdock Rd Md Anneslie IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First John Beynon Margaret 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, pr/usknown) (if yes give war at dates of service) John Buddemeier 628 Murdock Rd 217 01 5212 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, DR AS A CONSEQUENCE OF Canditions, if any, which gave) #e signed by the burial-transit p burial, cremati rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) priar ta has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? NO F YES [77] be detached far use State Dept. af Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this-hospital) attended the deceased from 12b-20, 1968, to 12a-2; 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred an the date and hour and from the 10 11 Wize ro Hospital or Affent Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated-abave, (1) (we) (did) (did not) liew the bady after death. 22b, SIGNATURE 22c. DATE SIGNED, **ATTENDING** MED DIRECTOR DEGREE Mirelies PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) AURENCE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 3/5/1968 Loudon Park Cemetery Baltimore Md 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) DATE MAR Mitchell- Wiedefeld Home 6500 York ARd. 30M REV. 1. 68.

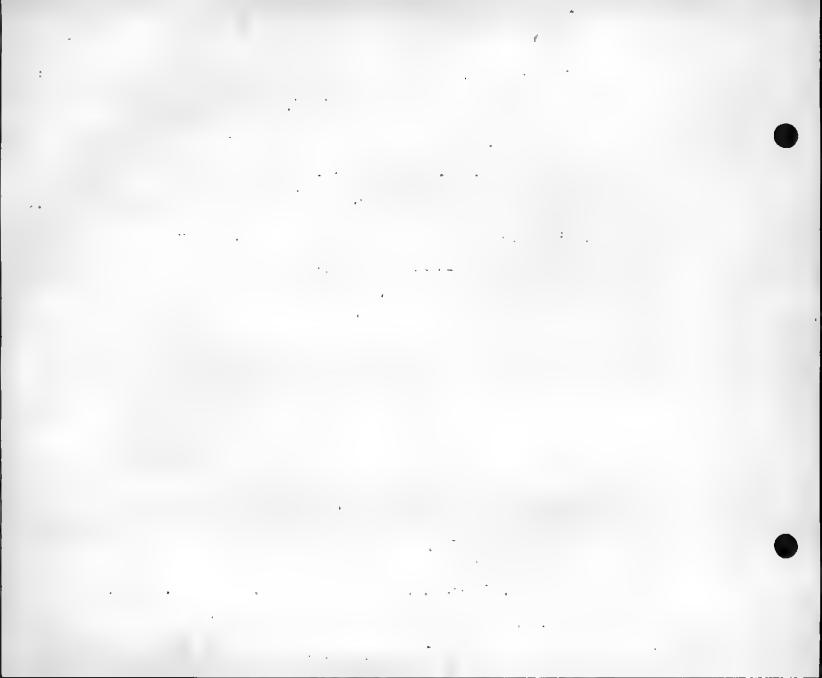


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY Baltimore a. STATE Maryland b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 13 months Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Mercy Villa Nursing Home 300A East University Pkwy. □ NO NAME OF 4 DATE OF Middle Year DECEASED Sally 19 68 Butke 25 D. March Sanah (Type or print) DEATH cample IF JNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jost, birthday) Months Haurs Oct. 20. 1876 WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Housewife INDUSTRY COUNTRY? physician Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya 8.F. Curry Mary Mooney 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7. INFORMANT Address Mercy Villa Sister M. Carlotta, R.S.M. 6400 Bellona Ave. (Yes, na, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per l'ne for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: the ONSET AND DEATH ofic Cardio vascula IMMEDIATE CAUSE (a) DUE TO dilarans Canditians, if any, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying cause 00 8 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO After this certificate ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour am. factory, street, affice bldg , etc.) Nat While at wark at work 21. I certify that (I) (this-hospital) ottended the deceased from 19-68, and that death accurred at 1130 AM, from causes and on the date stated above. saw the deceased alive on 225 DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR director, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL NAMÉ (Type) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BUTLAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) Moran, Inc. 3000 E. Baltimore Street



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Mary Prigid Byrne 3. SEX 4. RACE S DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 6. AGE (In years last bighday) HOURS 6/5 1871 ounal-transit permit. Then please remave carban papers. Pai burial, crematian, ar remaval, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 🖾 country) Treland WIDOWED [ DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY Townon Maris Hospice 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INS OF CITY LIMITS? odmission) STATE 13b. COUNTY YES [ Baltimore 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Patrick Byrne Catherine 16g, WAS DECEASED EVER IN U.S. ARMED FÖRCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) '(II yes give war at dates al service) 217-30-1:989 Hospice records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dept. of Health prior to has been 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🕁 YES 🗀 O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY j OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from 12/5/01 , to 3/4/00 3/1/68 \_\_19\_ and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an \_ filed with the causes stated above, (1) (we) (dld) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR directar, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mahon Jonna Rd. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Baltimore, Maryland 1968 New Cathedral Cemetery 24. FUNERAL DIRECTOR With Cook - Br 2Sa. REC'D BY REGISTRAR ooks Towson, 1050 York Road VR A15 (4) 30M REV 1/68

Towson, Maryland 21204 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Fırst lost 20. DATE OF DEATH 2b. HOUR haurs after death. (Type or print) EDGAR BYRON 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 8/25/90 MALE WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE U.S.A. WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR PITMBING FORT HOWARD ADMIN. HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LYMITS? requires that the death certificate be executed YES 💢 13b COUNTY BALTIMORE 868 W. BARRE STREET and in any 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Last CHARLES BYRON HAMILTON JOSEPHINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, po os unknown) 212 18 37 96 CLINICAL RECORDS, VAH, FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. PNEUMONIA, BI-LATERAL, UNKNOWN ORGANISM DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) PULMONARY INFARCTION. LEFT DAYS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) PULMONARY EMPHYSEMA, BI-LATERAL PULMONARY TUBERCULOSIS, INACTIVE 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO I 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that \$\mathbb{H}\$ (this hospital) attended the deceased from FEB 21 , 1968, to MAR 2 , 1968 , that \$\mathbb{H}\$ that \$\mathbb{H}\$ (we) last sow the deceased alive on MAR 2 1968, and that in \$\mathbb{H}\$ (our) apinion death accurred on the date and hour and from the causes stated above, \$\mathbb{H}\$ (we) (did) (did\mathbb{H}\$ view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR PHYS. director, pag shauld be file 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) NEILSON, NEILON VAH. FORT HOWARD. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. (County) BALTIMORE NATIONAL CEM. BALTIMORE. 2So RECD BY REGISTRAR 30M REV. 1/68

.3 1.22.7



ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH shoule PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAV and give nearest town within NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) STREET ADDRESS complete NAME OF paper n 72 Middle DATE Month 4. DECEASED OF (Type or print) DEATH within carllin 5. SEX 6. COLOR OR RACI AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER-MARRIED ŝ last birthday) event WIDOWED DIVORCED TO certifical physician remilive 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR THPLACE (County Itels, or oreign country) done during most of working life, even if retired) any EATHER'S NAME MOTHER'S MAIDEN NAME 5 death affending and G TIED I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal (Yes, no, or unkown) | (Ifyesgive wer or dates of service) permit. 18. CAUSE OF DEATH |Enter only one cause per line physician. signed by 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit attending Conditions, if any, which has been geve rise to immediate cause DUE TO (a), steting the underlying burial, couse lest. (c) ŧ Ö certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION hospital S 0 W? prior 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY-OCCURRED, (Enter neture of injury in Part I or Part II of Item 18.) for After this Health detached 5 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. ) 201. (City or towh factory\_straet, office-bidg., etc.) While Not While ŏ Hour at work et work p.m. ( 19 DIRECTOR: Dept. 99 21. I certify that/(I) this hospital attended the deceased from. pinous State M, from the causes and on the date stated above. and that saw the deceased alive th occurred 22e. SIGNATURE TIENDING PHYS. DIRECTOR PHYS. M.D lirector, page be filed with the O FUNERAL Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, DATE THEREOF 23c. NAME OF 23d. LOCATION (City, town or county) REMOVAL (Specify) EMATION LOW 25a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM? YES NO

> 19 b

ONSET AND DEATH

PERFORMED?

NO

(State)

(State)

YES

(County)

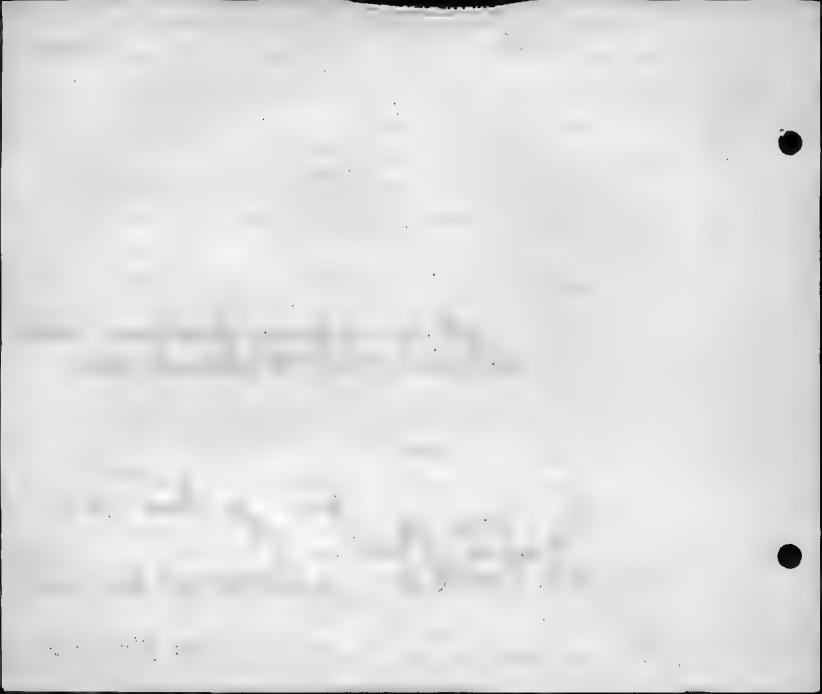
12. CITIZEN OF WHAT COUNTRY

Months

IF UNDER 24 HRS.

Min.

VR A15 2DM 5-63



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2n. DATE OF DEATH DECEASED-NAME 2b. HOUR deoth. ond (Type or print) Month 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS remove corbon popers. Pages 1 n any event, within 72 hours after last birthday) MONTHS W. requires that the death certificate be executed within 24 hours alk 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED physician and completely filled in BALTIMORE VORIN U.S. A. DIVORCED [ WIDOWED 152 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working ife, even if retired) INDUSTRY T0080512 HOUSEKEEPUR HOME 3a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 3d INSIDE CITY LIM.75? 13e STREET AND NUMBER 13c CITY OR TOWN admission) STATE 13b. COUNTY BALTO. RANDALLING. TYZO .. YES ond in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost VEINV551 AL ETHER pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (11 yes give war or dates at service) or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (a) cremotian, Conditions, if any, which gave ) buriol-tronsit Posse rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) aftending as the O FUNERAL DIRECTOR: After this certificate hos been Heolth prior to 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased fram\_ , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed olive on... couses stated above, (I) (we) (did) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING 3.30.68 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S ALBERTO NAME (Type) director, should 23d. LOCATION (City or Town) **BURIAL, CREMATION** 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR DATE



MARYLAND STATE DEPARTMENT OF HEALTH 5643 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03624 DECEASED NAME 2a DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type or print) LEU CAVANAUGH 3. SEX 4. RACE 6. AGE (In years IE JNOER I YEAR lost birthday) 70 BIRTHPLACE (State or formign 9. COUNTY OF DEATH 7b CLTIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED country) **W**Baltimore County signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban pages Murykowa WIDOWED 17 DIVORCED [ 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR street oddress) t. Wilson State Hosp. during most of working life, even if refired ) INDUSTRY Mt. Wilson burial, cremation, ar removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR YOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO. 14. FATHER S NAME Middle IS. MOTHER'S MAIDEN NAME First AVANAUGH 160. WAS DECFASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) Yes, no. 4 unknown) 10 1900 Records, Mt. Wilson State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g) FOR- TOURS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20a. AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Y NO [ with the State Dept. of Health 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 1B.) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram 7 6 , 1967, to 3 76 , 1968, that (I) (we) last sow the deceased olive on 2 26 1965, and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after deoth. should 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF PHYS. director, page 3 shauld be filed v DEGREE PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. 23b. DATE (State) (County) REMOVAL (Specify) Holy Cross Cemetery Brooklyn R.F.N. Md 1968 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR

ome>Glen Burnie, Md.

30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 00844 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH oriho DECEASED-NAME First Oh M. ddle Last 20 DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 0 (Type or print) Mohth 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 6. AGE (In years IF UNDER 1 YEAR last bythdey) MONTHS DAYS HOURS led in by the hours 7o. BIRTHPLACE (State or Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED **COUNTY OF DEATH** papers. In 72 ho country) WIDOWED DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, eyen if reticed ) INDUSTRY event, with the ottending physician and completely sit permit. Then please remove carbon 13a USUAL RESIDENCE (Where deceased lived, if institution-Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS admission) STATE 13b. COUNTY YES pleose remove burial, cremotion, or removal, and in any 14. FATHER'S NAME Middle IS. MOTHER S Middle First MAIDEN NAME First Last Last oeon 00 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN] 16b. SOCIAL SECURITY NO. Yes, no, or unlargiven) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 18 Canditions, if any, which gave) burial-tronsit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending p os the l prior to b O FUNERAL DIRECTOR: After this certificate hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [ use director, page 3 should be detached for use should be filed with the Stote Dept. of Health Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING TO CAUSE OF DEATH HOUR AM. Month Day Year P.M. (If either, natify medical examiner) 19 (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work at wark OR ATTENDING 1960 to 22a. I certify that (1) (this hospital) attended the deceased from. 98 \_1965, and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURI 22c DATE, SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS MUELL EL 641 NAME (Type) G. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (State) (County) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2So REC D BY REGISTRAR VR ATSVAL 1968 30M REV, 1/68



wa 845 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03624 CERTIFICATE OF DEATH 2b. HOUR Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First requires that the death certificate be executed within 24 haurs after deatl Month Doy Yeor (Type or print) DAVID 2:00 M J. CLARKE /27 IF UNDER I YEAR IF JNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthdoy) HOURS MONTHS and completely filled in by the remove carbon papers. Pages in ony event, within 72 hours at DEC. 28 Male White 9. COUNTY OF DEATH 7a BIRTHPLACE (Stote or fore'an 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED DE NEVER MARRIED Baltimore DIVORCED [ WIDOWED | Baltimore 120 USUAL OCCUPAT ON (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired ) INDUSTRY LEIN+ SUNS Baltimore Co. Overbrook Rd. 12 PRAFTSMAN"-FRANK J 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES TY 2616 E. Northern Pkw please remove Balto ond in ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost /SABEL M. Clarke attending physician permit. Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) or removal, no Wiedefeld-2616 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, #he signed by the buriol-tronsit p buriol, cremati Conditions, if only, which gove ) rise to immediate couse (o), stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Failure & left rent. hypertrap prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS CAUSES OF DEATH? YES [ NO FF certificate by the hospitol or 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street of R.F.D. No. Stote City or Town County OFFICE BUILDING, FIC While Not while of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this besoite) attended the deceosed from. saw the deceased alive an-19 68, and that in (my) (ar) apinion death occurred on the date and hour and from the be retoined couses stated above, (1) (wa) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. director, poge 3 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d HYSICIAN'S NAME (Type) Robert Gebhardt 1211 Northern Pkwy 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 23o BURIAL, CREMATION REMOVAL (Specify) Parkwood Balto. 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR Mitchell-Wiedefeld Home-6500 York Rd-21212 30M REV DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Usi 646

CERTIFICATE OF DEATH

DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR May (Type or print) 8 11 5 AM COFTELL Goldie 4. RACE S. DATE OF BIRTH 6 AGE (In years 3. SEX the attending physicion and completely filled in by the ful sit permit. Then pleose remove carbon popers. Pages 1 nation, or removal, and in ony event, within 72 hours after lost birthdoy) 74 YRS. MONTHS ! August 5, 1893 White Female requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED T DIVORCED Baltimore. U.S.A. Maryland 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
ST. JOSEPH HOSPITAL during most of working life, even if retired.) Towson Homemaker 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER or removal, and in ony event, 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13b COUNTY NO se YES Belfast Ave. Sparks Maryland John 14 FATHER'S NAME Middle TS MOTHER'S MAIDEN NAME First Middle Lloyd Bertie Brown 166 SOCIAL SECURITY NO. 213-36-9289 17 INFORMANT Mr. Clarence L. Cofiell Reisterstown, Md 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ga, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 be detached for use 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED
While Not white at work 21e. PLACE OF INJURY (AT HOME, SARM, STREET, SACTORY.) 21f. LOCATION Street or R.F.D. No State City or Town County be retoined 22c. DATE SIGNED 22b. SIGNATURE 3 200 200 ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. March 12, 1968 DEGREE 22e. ADDRESS 22d PHYSICIAN'S Victoria Escobar, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY
Mt. Zion (emetery) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) BEMOVAL Specify) Baltimore (ounty, ADDRESS 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIREGOR & Sons Reisterstown, Md. 2Sa REC'D BY REGISTRAR

30M REV. 1/68



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O FUNERAL DIRECTOR: After this certificate

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requires that the death certificate be executed within 24 haurs after

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a, DATE OF DEATH 2b. HOUR (Type or print) CHARLES COHEN IF UNDER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years YEAR IF UNDER 24 HRS last birthdoy) MONTHS DAYS MALE WHITE JUNE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [ DIVORCED RUSSIA BALTIMORE 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY ACME give street address)
6980 MARSUE DR. during most of working life, even if retired.)
SALESMAN PAPER SUPP 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY UMITS? 13e STREET AND NUMBER 13b. COUNT NO K 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First MORRIS JENNIE COHEN 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar unknawn) MARSUE DR. APT. COHEN. 6980 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [7] NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d INBURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town State County White Not while at work 220 I certify that (I) (this hospital) attended the deceased fromsow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (wo) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MILTON KIRSH NORTHERN PKWY. 4000 W. 23a. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) KKNESSETH PAR 256 REGISTRAR'S SIGNATURE WOLYN 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR LEVINSON & BROS., 6010 REISTERSTORR

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director, should



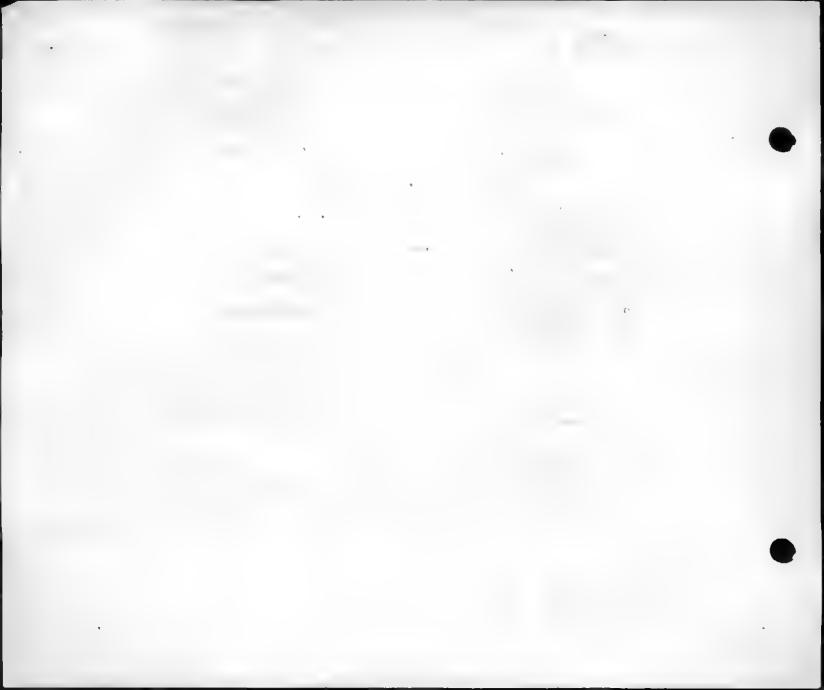


	Spivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201							
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
HEALTH DERTA	DECEASED NAME First Middle	Lost 2a DATE KNOWN Manth	Day Year 2b HOJI					
See AVI	(Type or Print) NOAH	COLLINS, SR. DEATH MATED 3-	2 68					
Po 34	SEX 4 RACE S. DATE OF BIRTH 6	AGE IN YEAR IF UNDER YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d H0UI					
delay is and 3 to M3. Poge	Male Negro 7-12-1894	7 3 YRS DAYS HOURS MIN Month Day	6,8,18					
\$ 7 × 3	a BIRTHPLACE (State or fareign   7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	120					
orm 22	allifax Co., Va. U.S.A.	WIDOWED DIVORCED Dundalk	NO.					
F 87 5	). CETY OR TOWN OF DEATH 11 NAME OF HOSPITAL C	OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR					
offer death  8. Give Pog along with with the Six	Sparrows Point   give street oddress) St	treet during most of working life, even if retired.)	INDUSTRY					
Give Give ong w th the	3a USUAL RESIDENCE (Where deceased lived, if institution Residence be	efore 13c CFTY OR TOWN 13d NSIDE CITY . MITS? 13e STREET AND NUMBER	<u> </u>					
s offer 18. Gi e afong 2 with death	admission) STATE Md. 135 parrows Po	int YS NO 819 I Sti	reet					
hours ofter de Item 18. Give P Office along wi 1 and 2 with the after death		Last IS MOTHER'S MAIDEN NAME First Middle	Łast					
24 h in Italia rs 0 rs 1c	Lindsay Co.	llins Sallie	Collins					
fun 24 ncil in niner's poges hours	a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR							
within pencil xomine xomine 72 hou	(Yes, na, ar unknown) (if yes give war or dates of service) 213-09-	-1975 Mrs. Neftie Collins 819	I. Street					
in pe Exon File	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH					
be executed "pending" in itef Medical E insit permit Fevent within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	egge Stamash	SCHICLI GITAL MAD DON'T					
e execute pending" ef Medico isit permit	15 1, 7 DUE TO, OR AS A CONSEQUENCE	IE OF						
be 'pe insit	Conditions, if any, which gave							
Page of Page o	rise to immediate cause (a). (b) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUEN	IE OF						
shauld be executed with a word "pending" in period the Chief Medical Exorparial-transit permit File In any event within 72	lost.							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)						
fing fing rdec as as								
vertifi orwan	19a. DATE OF OPERATION 19b. CONDITION FI	OR WHICH OPERATION	20 AUTOPSY?					
This certif cote ficate, writing the be forwarded to do be used as a driver removal, and			YES NO					
		, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	tem 18.)					
INER: Te certific should by files. 3 should a should intron, or	CAUSE OF DEATH P.M.	_19						
	2 d NJJRY OCCURRED 21e PLACE OF INTURY (At name, form, street	eet, 21f LOCATION Street at R F D. Na City at Town	County State					
	AT WORK AT WORK							
CAL E executor. Paged for CTOR: burnal,	22o. I certify that I took charge of the remains desi	cribed obove, held on Autopsy 🔲, Inspection 🛄 Inquiry 🔲	ond in my opinion					
Se exe se exter. P ned fo	deoth resulted from: Notural couses 🛅, Acci	ident, Suicide, Homicide, Undetermined monner						
direction of the state of the s	Large 1 De a a a A Maria	CHIEF MEDICAL EXAMINER	//					
Trest y, please and direct prior to prior to	SIGNATURE WOOD COULD	M.D. ASSISTANT MED CAL EXAMINER 226. DATE	SIGNED					
Ssary, funeroll ay be INERAL	EXAMINER'S TO THE CONTRACTOR	DEPUTY MEDICAL EXAM NER	3/7/WX					
	NAME (Type) TTCO, C. TTTE	ADDRESS(Street, city, town, or county)						
5 = 2 D = 3	REMOVAL (Specify)	E OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)					
r-P		to Nat'l Cem Baltimore.	Maryland					
VR A15ME (5)		DDRESS 250. REC D BY REGISTRAR 256 REGISTRAR'S						
10M REV 1/68	MORTON & DYETT F H 1701 I	DATE MAR 5 1968 ACLIS	when Judge					



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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er death	funeral l and er death	1	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND 2.	USUAL RESIDENCE	(Where deceosed livery Land	ed, if institution b. COUNT		e odmissian) Linone
art office	by th fu		write RURAL ope	f autside (arporote iimi give nearest tawn) ervice		LENGTH OF STAY	IN 16 c.	CITY OR TOWN (IF o	utside carporote lim		L and give neares	
24 72		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  1 Cavan Drive				d					e is residence on a farm? Yes no	
within	etely fil urban prit, with	3	NAME OF DECEASED (Type or pnnt)	F	<sup>irst</sup> ette	<i>D</i> <sup>Middle</sup>	Comsto	Last	4. DATE OF DEATH	Month Marc		Year 19 <b>68</b>
that the death certificate be executed within 24 an.  by the attending physician and campletely filled in properties permit. Then please remove carban paper crematian, ar removal, and in any event, within 72	7	sex emale	6. COLOR OR RACE white	7 MARRIED WIDOWED *	NEVER MARRIE DIVORCE		ATE OF BIRTH . 15, 1889	9. AGE		Months Days	IF UNDER 24 HRS. Hours Min	
	du	ring most of working	(Give kind of work done life even if retired)		of Business OR Try O <b>ne</b>	. 11	BIRTHPLACE (County		ountry)	12 (IT ZEN OF	WHAT	
		. FATHER'S NAME <i>UNIRNO</i>					MOTHER'S MAIDEN					
death	attending permit. I ian, ar rer	15	. WAS DÉCEASED EVE es, no, or unknown) <i>NO</i>	R IN U.S. ARMED FORCES (If yes give wor or dates <b>none</b>	of service)	IAL SECURITY NO.	17. INFO	rmant Family n	econds	Address	s 1	
s that the				EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE DUI	ha.	(b), ond (c).)	and	infe	Englas	agle	- ON	ERVAL BETWEEN SET AND DEATH
TENDING PHYSICIAN: The law requires ned by the haspitar at attending physic NR: After this certificate has been signed abid be detached for use as the burial. The State Dept. af Health priar to burial.	ATION .	Conditions, if ony rise to immediat stating the under lost.	e couse (o),	(b) Color (c)	and	mya	rler	bosch	eron	20016	yes	
		PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO THE 1	ERMINAL DISEASE CO	INDITION GIVEN IN	PART 1(e)		WAS AUTOPSY PERFORMED? ES NO	
	L CERTIFICATION		SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY C	OCCURRED (Ente	r noture of injury in	Part I or Part II of	item 18.)			
	the the ar this detack	MEDICAL	р.г	174	While of work	Not While  of work	foctory, s	INJURY (Hame, for treet, office bldg , etc	.)	or town)	(County)	(Stote)
		spw the de	ly that (1) (this have ceased alive an	spital) attended	the deceased	from ond that de	ath accurred o	19.5 & to M 1 <u>/130P</u> M, fro	m causes of	nd on the dat	e stoted obove	
IL OR AT	AL DIRECTOR  AL DIRECTOR  Page 3 sh  e filed with		22c. PHYS CIANS		Heli	nar	Q M.D.	ATTENDING PHYS. 22d. ADDRESS	DIRECTOR 🔲	STAFF PHYS.	march.	18, 1968
O HOSPITAL	4 m	23	NAME (Type)  BURIAL, CREMATIC REMOVAL (Specify		4	23c NAME OF CEN			23d LOCATIO	N (City or Tawr	n) (County	) (Stote)
2	Page direct shoul		SURLAL  FUNERAL DIRECTO		20/68	Loudon 1	Park (e		Balis D BY REGISTRAR	ntoe /	FLEND. ISTRAR'S SIGNATUR	



MARYLAND STATE DEPARTMENT OF HEALTH 03651 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 332 Middle DECEASED-NAME First Lost 2n. DATE OF DEATH 2b HOUR death. death. furferal (Type or print) Yeq 68 Alice Mary Connors far use as the burial-transit permit. Then please remave carban papers. Pages 1 Health prior ta burial, crematian, or remaval, and in any event, within 72 hours after S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. MONTHS HOURS Female Caucasian Nov. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hawrs 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fore an 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Country) Baltimore has been signed by the attending physician and campletely filled in se as the burial-transit permit. Then please remove carban papers. IUSA WIDOWED [ DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) during most of working ife, even if retired) INDUSTRY Greater Balto. Med. Center Towson Store 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CiTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Millersvill Dakdale Circle Arundel 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last (UNKNOWN) Walter Henderson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mr. Joseph J. Connors (husband) 214-14-8448 Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) \_ Carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (h) Metastases of pancreatic carcinoma rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TY NO director, page 3 should be detached for use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 3-11 , 19 68 , to 3/22 , 19 68 , that (I) (we) lost saw the deceased alive an 3/22/ 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (I) (we) (did) (did nat) view the bodynafter death 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. **ATTENDING** MED DIRECTOR 3/22/68 DEGREE PHYS 22d. PHYSICIAN'S 6701 N. Charles St. NAME (Type) Rudiger Breitenecker, M.D. 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL (Specify) Marcy 25,1968 Glen Haven Memorial Pk ulen urnie. Maryland

ADDRESS

Glen Burnie, Md.

250. REC'D BY REGISTRAR

1968

DASAR 2

2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR P. P. Ware

Singlaton Funeral Home

MM REV 1768



DIVICION OF WITH DECORDS

000	J (3	511131011		CERTIFICATE OF		none, man	21201	r r	3.2
1 DECEASED NAME	First		Middle	Last		20 DATE OF DE			2b. HOUR
(Type ar print)	WAL	PER	SCOTT	COOK		March	Month 18 Day	1968	1:30
3 SEX MALE		4. RACE	WHITE	S. DATE OF E	h 19, 1		AGE (In years last districtory) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70 BIRTHPLACE (State of country) Penna		76 CITIZEN OF US	WHAT COUNTRY? A	8. MARRIED NEVER MA WIDOWED DIVO	RRIED 9.	COUNTY OF DE Baltin	ath iore Cour	nty	M
10 CITY OR TOWN OF D		11 9	NAME OF HOSPITAL OR IN ve street oddress) 812	STITUTION (If not in haspital  Or Thornton	Rd dyrre ros	OCCUPATION (K	even if refreed	126 KIND OF INDUSTRY OF OGH	BUSINESS OR Chool
	Where decease		itutian: Residence before Balto.	nr Towson	3d INSIDE CITY LIMIT YES NO {		T AND NUMBER  Thornto	n Road	l
14. FATHER'S NAME	First	Middl	B Last	15. MOTHER'S N	AIDEN NAME Fire	st	Middle		Last
	WALTE	R SC	OTT COO			elen		ROWI	ETT
160 WAS DECEASED EVE		ED FORCES?	16b SOCIAL SECURITY	NO 17 INFORMANT = 1	wife		Address2]	204	
Yes, no, ar unknawn) N O	fit has dive soo	I DE OCHES DI SERVECE)	212-32-0	442A Mrs. C	lara Bo	yd Cool	,8120 Th	ornton	Rd.
1B. CAUSE OF DE	ATH (Enter only	y ane cause pe	r line far (a), (b), and (c)	)					MATE INTERVAL INSET AND CEATH
PART 1 DEAT	H WAS CAUSED IMMEDIAT	BY TE CAUSE (a) .	Coronary	Thrombosi	.S			5 m	in.
1100			OR AS A CONSEQUENCE OF						
Conditions, if any,		(h)	Arterios	clerotic H	eart D	isease		6 y	ears
rise to immediat stating the under		DUE TO, C	OR AS A CONSEQUENCE OF						
lost.	)	(c)_							
PART 2 OTHER SIG	SNIFICANT CONI	DITIONS CONTR	BUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CO	NDITION GIVEN I	V PART 1(a)		

Mowen Co. 108 W. North Av., Balto. 1

≝.	190 DATE OF OPERATION 19	9b. CONDITION FOR WHICH OPERATION WAS PERFORME	ED 20	Oo. AUTOPSY?	2	Ob IF YES, WERE FINDINGS	CONSIDERED IN CERT	rifying
ZIEIG			•	YES NO	E G	CAUSES OF DEATH?		
3	21a ACCIDENT WAS UNDERLY	YING 216 TIME OF INJURY	21c HOW IN.	NJURY OCCURRED (E	Enter nature a	if injury in Part 1 ar Part 2	2, Item 18.)	
	OR CONTRIBUTING CAUSE OF D							
	(If either, notify medical exam							
Ξ		TIE. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATIO	ON Street or R.F.D.	Na.	City or Town	County	SI
	While Nat while							
	at work at work							

22a. I certify that (1) (this bospital) attended the deceased from APT. 1, 19.62, to NAT. 18, 19.68, that (1) (we) last saw the deceased alive and the b. 22 19.68, and that in (my) four) apinion death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not) view the body after death. 19 62 , to Mar. <u> 18, 1968</u>

State

_	(did) = 2 / (did)	ii iiio oda j diroi dod					
	22b. SIGNATURE	M.D. DEGREE		Ø	MED DIRECTOR	STAFF PHYS.	3-19-68
	22d PHYSICIAN'S		22e. ADDRESS				

John M. Scott Belvedere Balto. 23d LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State)

ADDRESS ZOO REC 21,1968 Mar. Baltimore, Maryland FUNERAL DIRECTOR

VR A15 (4), 30M REV. 1/68

PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after death

**O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by tidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pagishauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours

Page 4 may be retained by the haspital ar attending physician

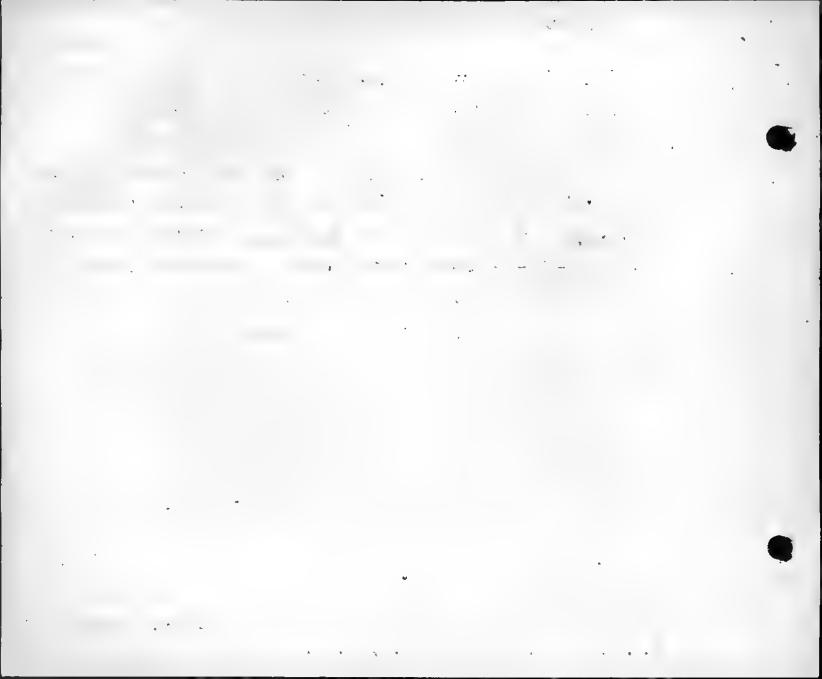
O MOSPITAL OR ATTEMBING



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63653 CERTIFICATE OF DEATH 03634 2a. DATE OF DEATH 1. DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death ROOSE VELT (Type or print) UNDER I YEAR S. DATE OF BIRTH IF UNDER 24 HRS MDNTHS last bis ( ay) 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Baltimore County, WIDOWED I DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito: 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH g ve street oddress) INDUSTRY Mt. Wilson Mt. Wilson State Hospita 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER IS, MOTHER'S MAIDEN NAME First 14 FATHER'S NAME SILERS Cooper MARTHA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ELNENCE N ar removal, signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOP CAUSES OF DEATH? YES 😱 NO 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part Cor Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TI DR CONTRIBUTING TI CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 3, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. directar, page 3 sha shauld be filed with 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 7256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



33654 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle I. DECEASED NAME First Last 2g. DATE OF DEATH 2b HOUR (Type or print) 3 SEX 6. AGE (In years IF UNDER 1 YEAR ve carbon papers. Pages I event, within 72 hours after last birthday) SHTHOM DAYS 6-30-2 42 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED country) .⊆ requires that the death certificate be executed within 24 t WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life even if retired) INDUSTRY Newspaper 13a. USUAL RESIDENCE (Where, deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES 🔂 remove and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last gug orcoran Sweeney 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17. INFORMANT 080-24-46 220-14-6913 Yer no or unknown 10 14 yes give yo burial, cremotion, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Canditians, if any, which gave ) signed by the buriol-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospitol or ottending State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? So CAUSES OF DEATH? YES 🖂 NO [ this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R F.D. No. City or Town Caunty State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I **certify** that (1) (this haspital) attended the deceased from 2. saw the deceased alive an 3. 19. and that in ( \_\_\_\_\_\_, 19\_68, ta\_3, 10 , 19 6 8, that (I) (we) last \_19\_6&and that in (my) (aur) apinian death accurred an the date and haur and from the O HOSPITAL OR ATTEND Poge 4 moy be retained director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) (County) BEMOVAL Specify) 3-14-68 Louson Park Cemetery Baltimore. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wm.E.Johnson 8521 Loch Raven Blvd<sub>21</sub>204to. VR A15 (4) 30M REV 1/68



655

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		0000,	,			ERTI	FICATE OF	DEATH				1734	35	
1		ECEASED-NAME	First		Middle		Lost		2a. DA	TE OF DEATH			26	. HOUR
-1	(1)	'ype ar print} Ke	nnetl	n	K.		Cornwel	1		Manth 3	19	Year 68		N
ı	3. SE.	X		4 RACE			S DATE OF E	IRTH		6. AGE (In	ears	IF UNDER 1 YEAR		ER 26 HRS.
		Male		Wha	ite	_	2-3-	1904		last birthd	YRS	MONTHS DAY	5 HOURS	MIN.
		BIRTHPLACE (State or fore)	gn 71	o, CITIZEN OF WHAT (	OUNTRY?	8. MARI	RIED 🔀 NEVER MA	RRIED	9. <b>COUNT</b>	Y OF DEATH				
-	(QUN	"" Illinois		U.S.A.				RCED 🗌	Ва	ltimore				Md
I	10. C	ITY OR TOWN OF DEATH		11 NAME	OF HOSPITAL OR INS	TITUTION	(If not in haspital			ITION (Kind of wa king life, even if		125 KIND ( INDUSTRY	)F BUSINE	SS OR
1		Relay		"	491		edar Ave	• Ret		rking lire, even ir i	enred.j	INDUSTRI		
	13a. odmi	USUAL RESIDENCE (Where ission) STATE		19L COHNTY		_	Y OR TOWN	13d INSIDE CTY JA		e STREET AND NU				
		· Md	•	В	alto.	P	elay		X	4901 Ced		ve.		
П	14. F	FATHER'S NAME First		Middle	Last		15. MOTHER'S N			- 1	Middle		Los	1
4		Oscar	н.	Cornwell			11150511111	Edit	h K	remer				227
		was deceased ever in the service of the service was deceased ever in the service was deceased as the service was d		FURCES?   16b e dates of service)	SOCIAL SECURITY N	10.	17. INFORMANT	hal E	Coren	well, 49	ddress	oder A		227
	_		-				rits, ria	DEL E.	COAII	werr, 47	OT C	EUGI A	V CITU	TOWN
		18. CAUSE OF DEATH (E PART I. DEATH WAS		v. '			and the second		_	200	*	BETWEEN	ONSET AND	DEATH
		1	MMEDIATE	CAUSE (a)	Cercos	-	Tenson .		, 67		6 22 60	C11 112	LLYLL	165
		Canditions, if any, which		DUE TO, OR AS A	CONSEQUENCE OF	1	. /	1 1		1	1 1		20	18
		nse ta immediate caus		(b)(	ar	0	15- 61	'CEMA!	eu	rent	25-55	C428.2	_/_	A. C. C. C.
		stating the underlying	(ause	DUE TO, OR AS A	CONSEQUENCE OF	-	34 10 1	. 16	. M	770	0.3	_	5 4	13
		PART 2. OTHER SIGNIFICA	ANT CONDI	(c)	TO DEATH DUT NO	T DELAT	ED TO THE TERMIN	hieraer our	ONDITION	CIVEN IN DADT 1/2	1	Ch	- for	<u> </u>
		LA	ANI CONDI	TIONS CONTRIBUTING	TO DESTIN BUT NO	JI KELAI	ED TO THE TERMIN	AL DISCHSE BKC	ONDITION	OLAEM IM LWKI 16	")			
	TION	19a, DATE OF OPERATION	19b. CO	NDITION FOR WHICH (	PERATION WAS PER	REORMED	20a AUT	OPSY?	2	Ob. IF YES, WERE F	NDINGS CO	ONSIDERED IN	CERTIFY	NG
)	CERTIFICATION						YES T			AUSES OF DEATH?				
		21a. ACCIDENT WAS UNE	DERLYING	21b TIME OF INJ	URY	2	Ic. HOW INJURY OF	CURRED (Enter	nature a	f injury in Part 1 c	r Part 2, I	Item 18.)		
	MEDICAL	or contributing caus			anth Day Year									
	ME	21d. INJURY OCCURRED		ACE OF INJURY (AT P			of LOCATION Stre	et ar R.F.D. No.		City or Town		County		State
		While Not while of work		Com	CE BUILDING, EIC.									
		22o. I certify that	(I) (this	hospitol) ottend	ed the decease	d from	1000	, 196	£ , to	mich	19 19	48 , the	at (I) (	<del>wo)-l</del> os
		saw the decea	sed aliv	e on Mc	not) view the	9 <u>6 25</u>	and that in (n	ny) (o <del>ur) o</del> pi	nion de	ath occurred o	i the do	ite ond hou	r ond f	rom the
		22b. SIGNATURE	doove, (	i) (we) (alay(ala	I HOLJ VIEW HIE I	body of	Ter deom.				77c.	DATE SIGNED		7
		MA	11/2	com He	well O	110	DEGREE PHYS.	ING A	IED. IRECTOR	STAFF DHYS.	] 7	1/20	3/	69
П		22d. PHYSICIAN'S	0	27.00		1	22e. AD			71192		-	/-	<u></u>
4		NAME (Type) D	r. Bi	ruce Bruml	baugh		56	09 Mair	St.	, Elkri	dge.	Md.		
		BURIAL, CREMATION,	23b DA	TE .	23c NAME OF	CEMETER'	OR CREMATORY		23d. 10	CATION (City or To	wn)	(County)	(Sta	ite)
1	- (	Cremation	3-21	L-1968		n Pa	rk Crema			ltimore,	Mar	yland		
Ÿ	24.	FUNERAL DIRECTOR	hham	1 //107 1	ADDRESS	A == =	21220	250 REC'D B				SIGNATURE		
J	п	loward H. Hu	Duare	, 410/ N	wirkens I	ave.	21229	DATMAR	22	1968 &	Clay	LEN YOU	AAC.	10

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely filled in by the director, page 3 should be detoched far use as the buriol-tronsit permit. Then please remove corban papers. Pages should be filed with the Stote Dept. of Health priar to buriol, cremotion, or removal, and in ony event, within 72 hours after the strength of the

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Poge 4 moy be retained by the hospital or ottending physician.

13. 423



MARYLAND STATE DEPARTMENT OF HEALTH 03657 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

h I				CER	RTIFICAT	E OF DEATH			63	<b>A</b>
	CEASED NAME ype or print)	Grace	(	Middle •	-	lison	20 DATE OF	DEATH A Month 10 D	ay 68 Year	2b HOUR
3. SE	Female		4 RACE White	e		ec. 27, 19	02	6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MOONTHS DAYS S.	F JNDER 24 HRS HOURS MIN
o E	IRTHPLACE (State or try) Balto.		. CITIZEN OF WHAT CO USA	'	MARRIED 🔀 I	NEVER MARRIED [] DIVORCED []	9. COUNTY OF Bal	death timore		Md
	ITY OR TOWN OF DE eistersto		11 NAME OF give street o	HOSPITAL OR INSTITU Iddress) Manta	TION (If not in	Rd. 120 USI	ual occupation	(Kind of work done life, even if retired	125 KIND OF B INDUSTRY	USINESS OR
30. odmi	USUAL RESIDENCE (V	/here deceosed	lived, if institution Re 13b. COUNTY		CITY OR TOW eister			reet and number ntau Mill	Rd.	
4 F	ATHER'S NAME GU	First 4		ingling	IS. MO	THER'S MAIDEN NAME	First Bro	Middle		Last
16a. Y	WAS DECEASED EVEN es/Mo, or unknown)	IN U.S. ARMED		OCIAL SECURITY NO. 5-32-1527	B. M	r. Albert	F. (ull	ison Rei		
		TH (Enter only o WAS CAUSED B IMMEDIATE		(o), (b), ond (c)) onary Occ	lusion				BETWEEN ON	ATE INTERVAL SET AND DEATH  Min.
	Canditions, it any,		(0)	betes					20	yrs.
	stoting the underl	ying couse		erioscler		ardio Vasc		and the same of th	20	rrs.
NO	1661									
CERTIFICATION	190. DATE OF OPERA		IDITION FOR WHICH OP	ERATION WAS PERFOR		20a. AUTOPSY? YES ☐ NO ⅓	CAUSE	YES, WERE FINDINGS OF DEATH?		RTIFYING
MEDICAL CE	21a. ACCIDENT WA: OR CONTRIBUTING [ (If either, natify me	CAUSE OF DEATH	HOUR A.M. Mor P.M.	RY oth Day Year 19	21c. HOW 1	NJURY OCCURRED (En	ter nature of inju	ry in Port 1 or Part 2	2, Item 18.)	
ME	21d INJURY OCCUR While Not while at work at work	RED 21e PL	ACÉ OF INJURY (AT HO)			ON Street or R F.D N		ar Tawn	County	Stote
	22a. I certify t sow the d causes sta	hat (1) (thisx eceased alive ted abave, (	tasspitak) attended e on <u>Jan</u> • () (twe) (did) (dida	the deceased 18 196	rom_7=7 8_, and the ly after dea	<u>-37</u> , 19 ot in (my) (ठॅंडॉर) o th.	, to <u>3</u> pinian death	<u>~ 10~68</u> , 1 accurred on the	9, that date and hour a	(i) (We) las ind from the
	22b. SIGNATURE	1.2.	Combe	- 7n2	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.   22	3-11-68	
	22d. PHYSICIAN'S NAME (Type)	D. D.	Caples, M		*	6 Hanover	Rd., R	eistersto	wn, Md.	21136
23a.	BURIAL, CREMATION SEMOVAL (Specify)	23b DAT	ch 13,68	23c. NAME OF CEM			23d LOCATIO	ON (City or Town)	(County) Balto.	(State)

Dover Cemetery
ADDRESS

2Sa. REC'D BY REGISTRAR

5

2Sb

1968

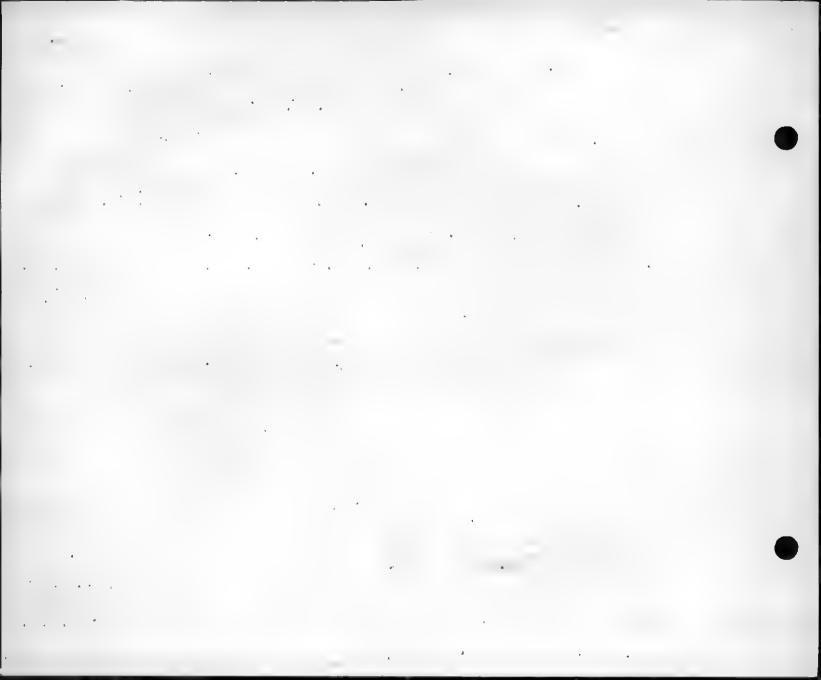
REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68

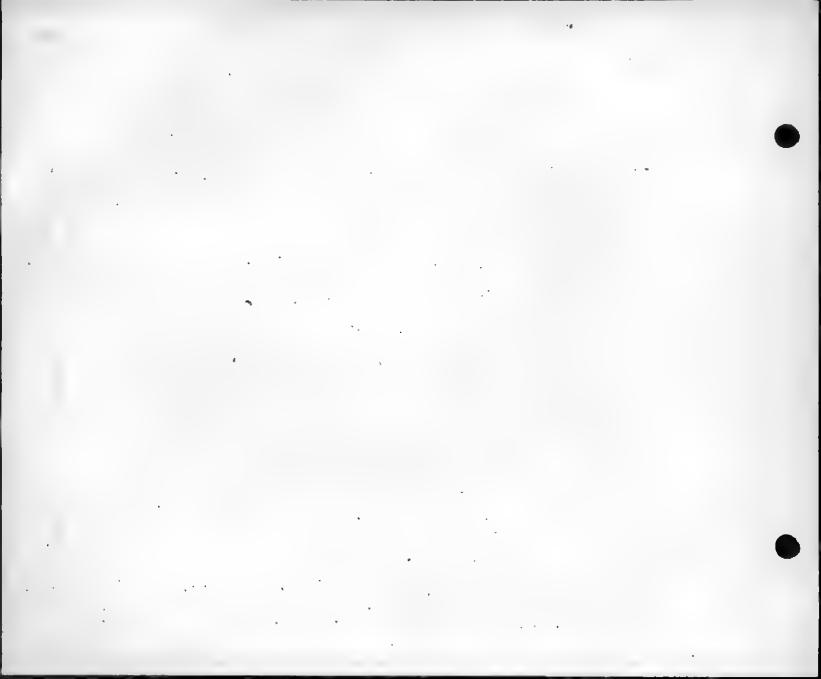
24

FUNERAL DIRECTOR ADDRESS J. F. Eline & Sons Reisterstown, Md.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Lost 2o. DATE OF DEATH Middle 2b HOUR death. and (Type or print) 🧺 30 THATC S. DATE OF BIRTH IF UNDER 1 YEAR requires that the death certificate be executed within 24 haurs after 6 AGE (In years lost birthdoy) MONTHS HOURS WKITE the attending physician and campletely filled in by, sit permit. Then please remave carban papers, P pation, air remaval, and in any event, within 72 hobs 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED I taly Baltimore WIDOWED X DIVORCED Italy 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR during most of working life, even if retired)
Cleaning Lady give street oddress) INDUSTRY SUMMIT MUYSING PLOME Caronstille unknown 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c CITY OF TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Baltimore Batto. md admission) STATE YES NO Md. 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Vito Puliafice unknown 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) 220-18-4496 Yes, no. or unknown) Angela Oliver, dght, 3301 Ramona Ave. 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending as the priar tal this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO. 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21c. HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF OEATH Month Day Year HOUR A.M. detached for (If sither, natify medical examiner) P.M. director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from from 15, 1964, to the deceased from saw the deceased glive on 2007 and that in (my) (out) apinian death accurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 1801 FREDER ON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) REMOVAL(Speely) Holy Redeemer Cem. Baltimore. 3/12/68 FUNERAL DIRECTOR Schimunek Funeral Home, ADDRESS . 3331 Brehms Lane 250 REC'D BY REGISTRAR MAK 1 2 VR A15 (4) 4 30M REV, 1/68



D-NAME First r print) ISADO

CERTIFICATE OF DEATH

640

h	. DF	CEASED-NAME	First		Muddle		Last		20. DATE	OF DEATH			2b. HOUR
l'		ype or print)	ISADOF	Œ	Α.	DA	NENBER	RG		March	Day	1968	1:55 M
3	. SEX	X		4. RACE		1	S. DATE OF BI	IRTH		6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Male		W)	hite		Feb	ruary	5.1918	3 last birthe	lay) O yrs.	MONTHS DAYS	HOURS MIN
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ł	δα.	WAS DECEASED EVI			16b. SOCIAL SECURITY I		FORMANT	All	V IV Z		lddress		COURT
1	Y	es, no, or unknown)	(If yes give wor	or dates of service)		110	ເ ກາ	MA DAN	JAIFAIR	FRG 2	903	CHOKES	
ŀ	7				e far (a), (b), and (c).		3. VV	NA PAI	111 (-111 )	111111111111111111111111111111111111111	<u> </u>	APPROXI	IMATE INTERVAL DINSET AND GEATH
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1	-1	stating the unde	rlying couse	DUE TO, DIK A.	3 A CONSEQUENCE OF								
П		_	CNIEICANT CONDI	TIONS CONTRIBIII	ING TO DEATH BUT N	OT RELATED TO	THE TERMINA	I DISEASE ORG	ONDITION GE	VEN IN PART 1/	n)		
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١	CERTIFICATION	19g, DATE OF OPER	ATION 19b. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b	IF YES, WERE I	INDINGS C	ONSIDERED IN C	ERTIFYING
1	2						YES 🕱	NO [T]	CAU	SES OF DEATH?			
	CERT	21a. ACCIDENT W	AS UNDERLYING	216 TIME OF	INJURY	21c HC		(URRED (Enter	nature of in	njury in Part 1	or Part 2,	Item 18.)	
1	MEDICAL	OR CONTRIBUTING (If either, notify in	CAUSE OF DEATH		Month Doy Year								
1		21d INTURY OCCU	IRRED 21e PI		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Stre	et or R.F.D. No.	(	ity or Town		County	State
П		While Nat what work at work	nile 🗀	,	OFFICE BUILDING, ETC.	/							
4		22a   certify	that (% (this	haspital) atte	nded the decease	ed from	March	20, 196	8_, to_1	March 2	5 , 19	68 , that	(M. (we) last
1		saw the	deceased aliv	re an Mar	nded the decease	9 <u>68</u> , and	that in (m	ry) (aur) api	nian deatl	h accurred a	n the do	ite and havr	and from the
1		couses st	ated abave,	(I) (we)(did)(	(did nat) view the	bady after c	eath.						
	- 1	22b. SIGNATURE	YA.	00 .			ATTENDI	NG M	ED.	STAFF D		DATE SIGNED	2060
			VC	, cu		DEGR	11115		IRECTOR L	J PHYS. C	Ma:	rch 25,	7,000
		22d. PHYSICIAN'S, NAME (Type)	Ines	Cillian	1. M.D.		22e. ADI		1. D.1	Толга -	16	1 07.00	la.
						cracteby as		20 Yor		Towso			
	23a	BUR AL, CREMATION REMOVAL (Specify)			23c. NAME OF					TON (City or T		(County)	(State)
7		EURTAL DIRECTOR	10 4	6-68	BALTIM			2Sa REC'D B		TERST		MARYL	.ANV
-	3	OL LEVI	NSON &	BROS.	REISTERS			DATEMAR				Will yes	erd-Se
				6010_	KETSTERS	TOWN	$ROAD_{-}$	DVIETATION	AJ U	1000	-	-	0

TO IUNIRAL DIRECTOR: After this curtificate has been signed by the attending playsican and completely filled in by the fateral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1—and should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within Person's after and VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

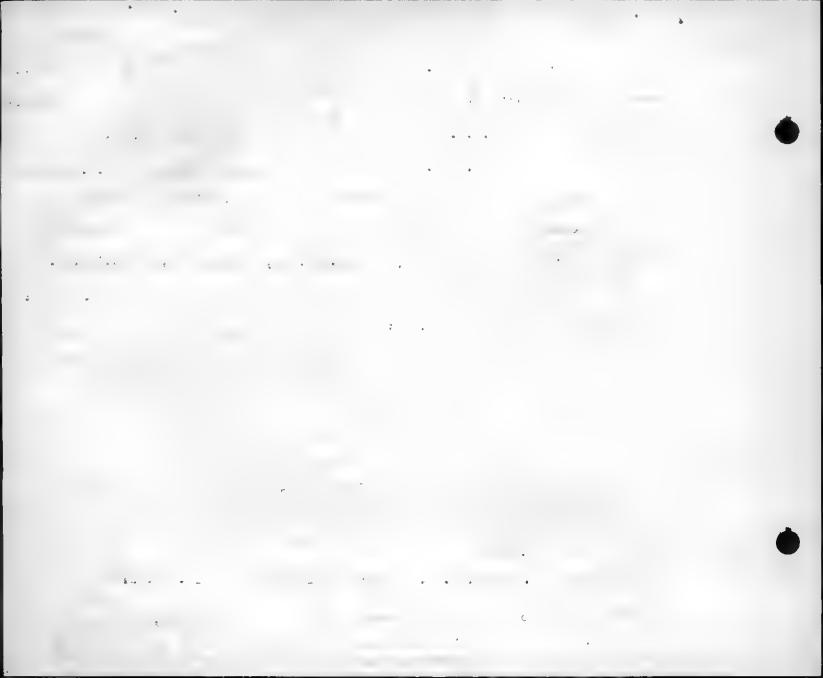
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€ 24		CEASED NAME F ype or print) , ,	irst	Middle		Lost	20.	DATE OF DEATH  Month D	ov Year	2b. HOUR
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重	<b>3</b> . SE	X	4 RACE		5.	DATE OF BIRTH		6 AGE (In years last birthday)	F JNDER I YEAR MONTHS DAYS	
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24 hours	7o I	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT C	OUNTRY?	B. MARRIED	NEVER MARRIED	1	NTY OF DEATH		
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deo de o		1121 7 IMM	EDIATE CAUSE (a)	recove	W) 00 00	V men	-0 V 11.			
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e law re tending is been as the prior to	TION		195. CONDIT ON FOR WHICH O		FREORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
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ar at ar at house ho at the house adith		21a ACCIDENT WAS UNDER	LYING 216. TIME OF INJU	JRY	.   21c HOW		_	! ⊨of injury in Part 1 or Port 2	/ Item 181	
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G PHYSIC the hospit this certal detoched e Dept. of	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT H	DME, FARM, STREET, FA	CTDRY.) 21f. LOCAT		lair O No.	City or Town	County	Stote
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my be retained by the host RAL DIRECTOR: After this ce, poge 3 should be detoche be filed with the State Dept.	ı	22b SIGNATURE	2. A. 1 4.	second 1	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF DE	C. DATE SIGNED	7
		22d. PHYSICIAN'S	imariage //-		2 DEGREE	PHYS. 22e. ADDRESS	DIRECTOR	PHYS. C. P.	1010-	
RAI MO PITA		NAME (Type)	M ( H1/2	HAMP	FO. Mr	191750	NIC	HOME G	*CKeys	Well M
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 2	3b. DATE	23c NAME DE	CEMETERY OR CRE	MATORY	234	LOCATION (City or Town)	(County)	(Stote)
	200.	REMOVAL (Specify)	3/18/68		nore Ceme			altimore, Md.		faroisi
(M)		FUNERAL DIRECTOR		ADDRES	5	2Sa RE	C'D BY REGIS	TRAR 256 REGISTRAR	S SIGNATURE	
30M REV 168	Wm	. Cook-Brooks	s Towson 105	O York H	Rd. 21204	DATM	AR 2 2	2 1968 Jelio	way Ju	yes.



A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR: STATE 20 DATE KNOWN HEALTH DEPT. DECEASED NAME 12113 Middle Month 2b ROJR Year (Type or Print) **JAMES** DAVEY 1.6811:10F Department of DEATH MATED 5 DATE OF BIRTH 7/22/97 6 AGE (In years F JNDFR 24 HRS 4 RACE 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR MALE 70 . 6811:10F 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED LEVER MARRIED country CALIFORNIA U.S.A. BALTIMORE COUNTY. W:DOWED [ DIVORCED [ ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR VETE ATM. HOSPITAL FORT HOWARD 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JAM 152 13e STREET AND NUMBER MARYLAND 35 COUNTINNE ARUNDEL ROUTE 3. Box 154 EDGEWATER. YES NO FT 14. FATHER'S NAME Middle 1s. MOTHER'S MAIDEN NAME THOMAS DAVEY ALTCE HENNESSEY poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no et unknown) 214-54-8564 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. event within CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CEREBRAL VASCULAR ACCIDENT 24 HOURS . IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave TERMINAL PNEUMONIA 2 DAYS nse to immediate cause (a), Ward shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse FRACTURE RIGHT HUMERUS 9 DAYS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D 0.5 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 3/2/68 YES [ NO PO T PNEUMONTA 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 2)c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH FELL AT HOME 21e PLACE OF INJURY (At home, form, street, 21d INTURY OCCURRED 21f LOCATION Street or R F D No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK Route 3. Box 154, Edgewater, Maryland 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x. Inquiryat, and in my opinian Natural causes . Accident X. Suicide . death pesulted from, Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER O DEPUTY B. DAVIS, M. D. 6800 MORNINGTON, RD 0 23g BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 3/6/**6**8 BALTIMORE NATIONAL BALTIMORE. MARYLAND 2Sa RECD BY REGISTRAR Hopping HOPPING FUNERAL HOMB DATEMAR 6 1968 VR A15ME (5) 10M REV 1768 ANNAPOLIS, MARYLAND



1 (		5.00	~ DIVISION	M/ OF VITAL DE	ARYLAND STA	ATE DEPA	RTMENT O	F HEALTH	MARYI <i>a</i>	ND 2120	31			
FOR STATE		6300;	5	MEDIC	AL EXAMI	VER'S CI	RTIFICATI	E OF DE	ATH		•		1111	
HEALTH DEPT.		CEASED NAME	First		Middle		Lost			20 DATE KI	NOWN E M	onth Do	ov Yeor 2b H	QUR
S S S S		ype or Print)	SCOTI		ANDREW		DAVIS			DEATH N	ESTI- MATED	12×61	26196877	5 N
nen nen	3. SE	x ale	4 RACE Cau.	S. DATE OF BIR	5, 1960	AGE (In years lost birthday)	MONTHS OAYS		MIN.	2c. DATE PRI Month	ONOUNCED DE	AD 2	Year 1965 7-2	gur
10 A		BIRTHPLACE (State	-	P CITIZEN OF MH		8 MA	RRIED NEVER A	AARRIED X 7	9 COUN	ITY OF DEAT	,	. 0)(	3 196X 1/F	> W
Dep 1.2		<sup>iry)</sup> Maryla		U.S.A.			_	VORCED		altimo				Mi
death  Poge with fa		ITY OR TOWN OF		11 N/	AME OF HOSPITAL O	R INSTITUTION	(If not in hospit	120 U	SUAL OCC	UPAT ON (K	nd of work o	done 12	b KIND OF BUSINESS O	R
de v≡ l		Towson		gD.	Get Address t.	Josep	h Hospi					(eq.) (IN	School	
ole wi	13o.	USUAL RESIDEN	E (Where decease Maryland	d lived, if instituted the state of the stat	ntion: Residence be Baltimor	e Tow	son	YES N	loXZX	611 R	and number Lound	Oak	Road	
24 hours In Item 1 r's Office ss land 2 rs offer o	14. F	ATHERS NAME	Russell	Middle H.	Davis	tzo	IS. MOTHER'S M	Jane	First	Т	Middle La	Pl	illips	
I within 24 in pencil in Examiner's File pages in 72 hours	160.1 (Y	WAS DECEASED EVes, no promises	ER IN U.S. ARMED FO	ORCES? yar or dates of service).	16b. SOCIAL SECURI	TY NO.	7. INFORMANT Russell	Davis	,	Same	ADDRESS as #	13		
should be executed word "pending" in the Chief Medical E. uriol-transit permit. F in ony event within		Conditions, if o	ny, which gove ote couse (a), derlying couse	DUE TO, OR  (b)  DUE TO, OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	or ge	ing	DISEASE OR C	CONDITION	GIVEN IN P	ART I(a)	0	APPROXIMATE HITEP VA. PRTWEEN ONSET AND ORA	
This certificate shicate, writing the be forwarded to 1 de used os o bur or removal, and in	NO	921	^										Tax uranava	
o /	CERTIFICATION	19a DATE OF O	PERATION		19b (ONDITION F) WAS PERFOR!		RATION						20 AUTOPSY? YES \ NO	
EXAMINER: This cute the certificate, age 4 should be for your files. Poge 3 should be to cemation, or ren	DICAL	CAUSE OF DEAT 21d IN JRY OCI WHILE AT WORK	R CONTRIBUTING H H TURRED 21e. P OT WH. E fect T WORK	6.30P. LACE OF INJURY ( tory, Affice build n	M. 972-6 At home/torm, stre ig, etc)	1968 et :	TE / OC STORY	ESP G	dip	rith	11/1005	e. ar		23
AL Executive Part for for Jok:					he remains desc					ection 🖃	<u> </u>	ry 🖳	4 1	л ог
necessory, please exect the funeral directar. Po 5 may be retoined for C FUNERAL DIRECTOR:		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	sulted from:	Natural course	1000 FO 1	dent J.  2011	ellmo. A	Homicid HIEF MEDICAL ASSISTANT MEDICA DEPUTY MEDICA ADDRESS(Street	EXAMINER ICAL EXAM AL EXAMIN	MINER	226	DATESH	/ /	,
to DI the the S me C I I I I I I I I I I I I I I I I I I	230	BUR AL CREMA REMOVAL (Spec	r ON 23b		23c NAME 1968 Du]		or CREMATORY 7alley C				ity or Tawn) ysvill		ounty) (Stote) aryland	
(3/1	24	FUNERAL DIRECT	OR		1050 Yor	Dad Mag		2So REC'I	D BY REG	STRAR	2Sb. REG(S)	IRAR'S SIG	NATURE	
VR A15ME (5)	Wm	. Cook-	Brooks T	owson,	Towson, N	Maryla	nd 21204	DATE	0.0	1009	Villa	relas	Judge	

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us after death.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

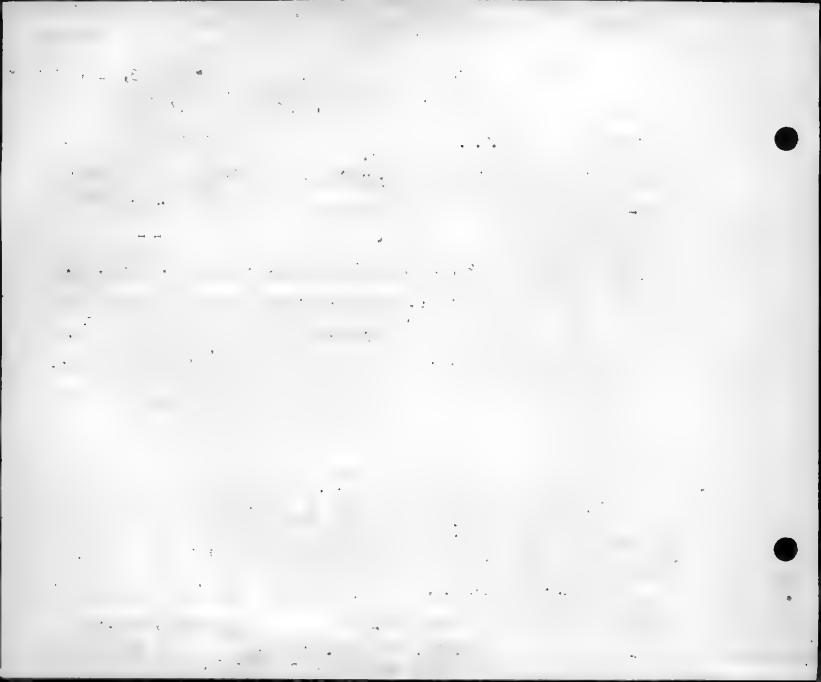
TO HOSPITAL DE ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 has

Pogm A may be retained by the hespital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			LE	KIIFICA	IE UF I	JEAI II				- 49	-4
	DECEASED-NAME First		Middle		Lost		2o. 0	ATE OF DEATH			2b HOUR
1	Type or print) WIII	IAM HO	WARD	D/	Y, JR			MARCH	300	1988	66:13A
3. S	EX	4. RACE		5.	DATE OF BIR	TH		6 AGE (In	years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. Hours Mun
L	MALE	NEC	RO		10/	1/20		lost birth	YRS,	MUNITAS DATA	HODICS MIN
70	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED 🛣	NEVER MARR	IED [	9. COU	NTY OF DEATH			
T.G.	BALTIMORE	U.S.A.		WIDOWED 🔲	DIVOR	bd		BALTIMOR			Md
]	CITY OR TOWN OF DEATH FORT HOWARD	qive street VETER	F HOSPITAL OR INSTITU oddress) ANS ADMIL	N. HOSI	PITAL	during m	ABOH	PATION (Kind at w orking life, even if	retired)	126 KIND OF INDUSTRY CONSTRU	JCTION
	USUAL RESIDENCE (Where deceoration) STATE MARYLAND	sed lived, if institution: R 13b COUNTY		k, city or to BATTTMO		YES N		2755 RIG	GS AV	ENUE	
. 14	FATHER'S NAME First	M ddle	Lost	1	OTHER'S MAI				Middle		Lost
L	WILLIAM		DAY, SE			LO	TTIE		4 64		
160	Ves no occupingum)		SOCIAL SECURITY NO	17. INFO					Address		
	Yes, no or unknown) (1' yes give	WII 21	7 14 77 1	L5 CLII	VICAL	RECOR	DS,	VAH. FT.	HOWA		GMATE INTERVAL
	18 CAUSE OF DEATH (Enter on										ONSET AND DEATH
П	PART I. DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (a) PULM	ONARY CON	WESTIC	N & E	DEMA				DAY	(S
ш	*	DUE TO, OR AS A C									
Н	Canditions, if any, which gave rise to immediate cause (a),		ARDIAL HY	PERTRO	PHY					1 Y	EAR
1	stoting the underlying couse	DUE TO, OR AS A G									
	lost	7	RIOLAR NE							YEA	IRS
ш	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO TH	ie terminal	DISEASE OR	CONDITIO	IN GIVEN IN PART 1	(0)		
NO	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH O	DEDITION WAS DEDE	DATE	20a. AUTOP	rvn		20b IF YES, WERE	CINDINGS C	ONCIDEDED IN (	CENTIEVING
CERTIFICATION	TYO DATE OF OPERATION 140.	CONDITION FOR WHICH O	PERATION WAS PERFO	NKMED	YES X	NO [	,	CAUSES OF DEATH?		ONDINEKEN IN A	EK III I MO
E	21a. ACCIDENT WAS UNDERLYIS	NG 216 TIME OF INJU	IDV	ar Hom	_	_	-	of injury in Part 1		Itam 191	_
3	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Mc	onth Day Year	210. 1104	INDUKT OCC	KKED (EIIIe	31 1101010	or injury in Full 1	di Fült 2, i	itelii 10.j	
E E	(If either, natify medical exami	iner) P.M PLACE OF INJURY (AT HO	19 OME, FARM, STREET, FACTOR	Y 3 21E LOCA	TIÓN Street	or R.E.D. No	1	City or Town		County	State
	111.00	OFFIC	E BUILDING, ETC.	1 200	311001	M 16.41.01 110	*	city of votal		coomy	31010
	220. I certify that (t) saw the deceased courses stated obov	us haspital) attende nlive an MAR e, (1) (we) (did) (61)	d the deceosed 3196	from from OO, and t dy after dec	AN 13 hat in (%X) ith.	, 1% ) (our) op	8, union d	to MAR 3 leath occurred o	, 19_ in the do	<u>68</u> , tha te and haur	t (1) (we) lost and from the
L	22b. SIGNATURE	on her	Son, Mi	E DEGREE	ATTENDING PHYS.		MED DIRECTOR	STAFF PHYS.		DATE SIGNED 3/3/68	
L	22d. PHYSICIAN'S NAME (Type) NEILO	N NEIISON,	м.р.		22e. ADDR		TAL,	FORT HO	WARD,	MARYL	AND
E	BURYPAT (Specify)	DATE 7-68	23c NAME OF CEN BALTO NA				В	COCATION (City or 1	MAR		(Stote)
24	FUNERAL DIRECTOR	Ariamo EII	ROY O WI	ISON F		2Sa REC'D L HOAT VAIL		TRAR 255 R		SIGNATURE	Judge



53664

DIV

# MARYLAND STATE DEPARTMENT OF HEALTH

	MUNICIPALITY OF	WIE BELWINIELL	OI HEVELLI	
SION OF VITA	AL RECORDS, 301	W. PRESTON STREET,	BALTIMORE, MARYLAND	21201

				C	:KTIFIC	LAIE OF	DEATH			03	64	16.3
	EASED-NAME	First		Middle		Lost		2o. DATE OI				2b. HOUR
(Iy	pe or print)	AIRE M.	DEMING						3/16/68	Day Yes	) E	8.20
3 SEX		4. RACE	AP 444 3-4-41 G			5. DATE OF E	BIRTH		6. AGE (In years	IF UNCER 1 Y		F JNDER 24 HRS.
F	remale	T	Thite			Feb.	11, 188	2	last birthday)	RS. MONTHS	OAYS	HOURS MIN
70 BI	RTHPLACE (State or foreig	n 7b. CITIZEN	OF WHAT COUN	ITRY? 8	MARRIED	☐ NEVER MA	RRIED	COUNTY OF	DEATH			
caunt Ba	ilto. Md.	USA	1		MIDOMED			Baltim	ore			Md.
	TY OR TOWN OF DEATH			OSPITAL OR INSTI			12o. USUAI	L OCCUPATION	(Kind of work do life, even if retire			USINESS OR
	Towson, Md.		Dulan	ress) ey-Tows	on Nu	ursing	Home	Home	maker			
13a t	ISUAL RESIDENCE (Where sion) STATE	deceased lived, if 13b. COU	Institution Resident	dence befare	ige CITA OI	R TOWN	13d INSIDE GTY LIN		REET AND NUMBER			
Mc		RY		0	Rel	to.	245		6 Collee			
14 FA	ATHER S NAME First	Mi	aqie	Last	1	S. MOTHERS A	AAIDEN NAME Fo	rst	Middle	3		Lost
	Edwin Murra		764.4				ances_W	allace	-3:			
	WAS DECEASED EVER IN U. s. no. or unknown)   (ffy	<ol> <li>ARMED FORCES?</li> <li>give war or dates of ser</li> </ol>		CIAL SECURITY NO		INFORMANT			Addres	2		
	no	-				lecords	-Nurain	g Home		A A	M.YAGO	ITE INTERVAL
П	<ol> <li>CAUSE OF DEATH (En PART 1. DEATH WAS</li> </ol>	ter anly one couse	per line for (o)	), (b), and (c)	7 1	atra.	0/1	Prois		BETA	VEEN ONS	ET AND OEATH
Н		IMEDIATE CAUSE (a	Len	וותפע		1611-161	22514	10112		`		
ш	Conditions, if any, which		O, OR AS A CON	SEQUENCE OF	1 12	2 hap	scle	Omcis				
Εŧ	rise ta immediate cause	(a),(	b) / / L	MENTE		KIERCIL	25/(	1-03/3				
	stoting the underlying clast.	ouse Dut IC	D, OR AS A CON	SEQUENCE OF	06/11	Ha.			-			
	PART 2. OTHER SIGNIFICAL	YT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT	RELATED 1	O THE TERMIN	AL DISEASE OR CO	ONDITION GIVI	N IN PART I(n)			
ш	704,	TI CONDITIONS CO.	1416100-110	DOT NOT	KCONTED I	TO THE PERMIT	THE DIDERIOL OF WA					
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPER	ATION WAS PERF	ORMED	20a. AUT	OPSY?		F YES, WERE FINDIN	GS CONSIDERED	IN CER	TIFYING
199						YES	ONO [	CAUSE	S OF DEATH?			
	21a. ACCIDENT WAS UND		TIME OF INJURY		21c. H	IOW INJURY O	CCURRED (Enter	noture of inju	ry in Part 1 or Par	t 2, Item 18)		
	OR CONTRIBUTING CAUSE		R A.M. Month P.M.	Doy Year								
100	21d INJURY OCCURRED	21e. PLACE OF IN	JURY ( AT HOME,		PRY.) 21f L	OCATION Str	eet ar R.F.D. No.	City	or Town	County		Stote
	While Not while at work					, 10		/	2/16	68	_	
	22a. I certify that (	l) (this haspita	1) alterided	the deceased	flam_	7-7	- 1965	, ta	J/ 10,			(I) (we) last
ш	saw the deceas	eu mve m			· VI	nd that in (r	ny) (our) apir	nian death	accurred an the	e date and h	aur a	nd from the
Н	22b SIGNATURE	ibove, (i) (we)	para para na	MAA	ady direc		> /			22_ DATE SIGNS	D.	70
ш	UMIN	ray to	LOVU,	7561	DEG	REE PHYS.	ING MA	ED. RECTOR	STAFF PHYS.	3-18	-6	28
1 1	22d. PHYSICIAN 5	1				22e. AD	DRESS					-
	NAME (Type)	Anhho	ny Car	ozza, M	D.	5	217 Yor	k Rd.				
23a	BURIAL, CREMATION,	23b DATE	2	3¢ NAME OF CE	METERY OF	R CREMATORY		23d. LOCATI	ON (City or Town)	(County	m	(State)
	REMOVA (Specify) Burial	3/19/68		Cathed					lto.		11/6	~
24. F	uneral director tehell-Wied	lefeld He	-650	ADDRESS	Rd 2	21212	2So REC'D BY			AR'S SIGNATUR	Lecur	eldin'
711	CONTACT TOC	for ord III	الال المالية	O TOIK	avide A		DATEMAR	26 18	36B /cu	The state of the s		3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled .n by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours a Page 4 may be retained by the haspital ar attending physician.

VR A 5 (4) 30M REV 7/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 uu 865 03644 CERTIFICATE OF DEATH DECFASED-NAME 2a. DATE OF DEATH Middle Last 2b. HOUR and (Type or print) Month D1544 68 3. SEX S. DATE OF BIRTH & AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS van papers. Poges 1 within 72 haurs after lost birthday) HOURS AU5. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED [ NEVER MARRIED [ country) physician and completely filled in en please remave carban papers WIDOWED 12 DIVORCED BALTO. requires that the death certificate be executed within 24 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) ESSEX 242 N. MARLYN 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LUA TS? 13e STREET AND NUMBER odmission) STATE 135 COUNTY YES 🗔 ESSEX N. MAR dny 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME Frest and in ( ELIZA BETH DIEHL MEISTER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) ar removal, CHARLES 242 ww 18. CAUSE OF DEATH (Enter only one cause per interior (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH burial-transit permit. IMMEDIATE CAUSE (a) Canditians, if any, which gove) rise to immediate cause (e), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔲 YES 🗔 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ATTENDING PHYSICIAN: fa OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street of R.F.D. No City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from two 1956, to more 1968, that (1) (we) last saw the deceased alive an more 18 1968, and that in (my) (vor) apinian death accurred an the date and hour and from the be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did pat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230. BJRIAL, CREMATION, 23b. DATE (County) RKWOOD FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 25b REGISTBAR S SIGNATURE VR A15 (4) 300 MACE 30M REV. 1/6



" CCCC

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

¥	00000		CERTIF	ICATE OF D	EATH		0.3	53.7 ***
	ECEASED-NAME First (ype or print) LOUI:		Middle	Last Diet DIFIRI	CH 1	DATE OF DEATH March Month 6	Doy1968**	2b. HOUR
3. \$	X Female	4 RACE White	e	S. DATE OF BIRTI		6. AGE (In year lost birthdoy		AR IF UNDER 24 HRS AYS HOURS MIN.
can	BIRTHPLACE (State or foreign intry)  Wash., D. C.  CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUN  USA  11. NAME OF HO	TRY? 8 MARRII WIDOWI DSPITAL OR INSTITUTION (	ED 🔲 NEVER MARRIE ED 😡 DIVORCE	9. <b>COL</b>	Baltimore UPATION (Kind of work	done 125 KIN	Mc D OF BUSINESS OR
	atonsville	give street odd	ress) 154 Sanf	ord Ave.	Hous	working tife, even if rel <b>ewife</b>		tY
odm	USUAL RESIDENCE (Where deceas Issian) STATE Md	13b COUNTY Bal	to. Cat	ons.	ES NO E	154 Sanfor	cd Ave.	21228
14.	FATHER'S NAME First	Middle	iost	15. MOTHER'S MAID			ddle	Lost
Ióa	Carl . WAS DECEASED EVER IN U.S. ARN	AED FORCES?- 16b SOC	Dieterich  MAL SECURITY NO.	7. INFORMANT	Ca	roline Add	lress	-
L	(es, no, or unknown) (If yes give w	rar or dates of service)	9-54-4849	Mrs. The	lma Troul	blefield, 1	54 Sanfo	rd Ave.
	18 CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED IMMEDIA		11 1	·			BETW	PROXIMATE INTERVA. EEN ONSET AND DEATH  COCKY
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON:	sequence of	wig <	Hype	erkeusiõ	10	245
~	PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	JO THE TERMINAL C	. //	ION GIVEN IN PART 1(0)		
CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH SPEK	ATION WAS PERFORMED	20a. AUTOPS	NO 🗀	206 IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLYIN  or contributing of cause of deal (If either, notify medical examin	H HOUR A.M. Month	Day Year 19		,	e of injury in Port 1 or	Part 2, Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY ( AT HOME, OFFICE BU	FARM, STREET, FACTORY.) 211	LOCATION Street of	or R.F.D. No	City or Town	County	Stote
	22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) attended live an e, (I) (we) (did) (did na	1800	and that in (mv)	(aur) apinian		, 19 <u>60</u> , t the date and h	that (I) (we) las our and from the
Г	22b. SIGNATURE	Slude	she o	EGREE PHYS	DIRECTO	OR STAFF	3.6.6	Λ
	22d PHYSICIAN'S NAME (Type) Dr.	Justin Kudir	ka	22e. ADDRE		ilkens Ave	., Balto.	, Md.
23a	BURIAL, CREMATION, 23b. REMOVAL (Specify) 3		3c. NAME OF CEMETERY Loudon Par			LOCATION (City or Tow Baltimore	n) (Caunty)	(Stote) Md.
24.	funeral director Howard H. Hubba		ADDRESS	27 020	SO, REC'D BY REG DATE MAR 1		STRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriof, cremation, or removal, and in any event, within 72 hours after death. 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by tille haspital or attending physician.

1 ond 2



	1	MARYLAND STATE DEPARTMENT OF HEALTH  667 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
-HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN   Month Do	y Year 2b HOUR	
z t 8 12		(Type or Print) BENJAHIN F DILLHAN JR DEATH MATED & 3-2	3 1968 MANTE	
deloy 3 deloy		SEX ARCE S. DATE OF BIRTH S. DOY 3.3	Yeor / 2d hONR	
200		BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH	19 00 15 P. M	
	(01	U.S.A. WIDOWED DIVORCED BALTIMORE	Mc	
death with			OUSTRY	
hours offer dea Item 18. Give Po Office olong wit Sond 2 with the S offer deoth		O USUAL RESIDENCE (Where deceased ved, finstitution Residence before 13x CITY OR TOWN odmission) STATE D. 13b. COUNTY BALTO ESSEX YES NO 302 ENDS LEIGH	(R)	
24 hours in Item 1 rs Office ss lond 2 rs ofter o	14,	FATHER'S NAME F. 151 Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  BENJAHIN F DILLMANSE ESTHER	REED LOST	
within 24 pencil in xaminer s ile pages 72 haurs		O. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. of Linknown) (1 yes give your dates of service) 174-16-9515 /D A DICLLHAN  ADDRESS		
		18. CAUSE OF DEATH (Enter only one couse per line (Tp), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  The part is death was caused by the par	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
e execute pending ef Medico isit permit		1104 7 DUE TO, OR AS A CONSEQUENCE OF		
d be Chief		Conditions, if any, which gove rise to immediate cause (a).		
This certificate shaufd tote, writing the word as forwarded to the Che used as a burial-transmir removal, and in any		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
the s d to d to o bind in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
ertifico writing warder sed os oval, o	No	for	Les un service	
	CERTIFICAT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO NO	
XAMINER: nte the certificate to should it your files. Age 3 should cremation, o	MEDICAL CERTI			
		CAUSE OF DEATH  21d INJURY OCCURRED  WHILE AT WORK  AT WO	County State	
		22a I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	and in my apinian	
se executor. Political Ectors: Political for Ectors: buriof, buriof,		death resulted from Natural causes . Accident . Surcide . Hamicide . Undetermined manner	}	
Ty, please rol direction to prior to		ACTUAL CHIEF MEDICAL EXAMINER C 22b. DATE SIGN	NED	
ary. nerol be ERAL		MID ASSISTANT MEDICAL EXAMENTES	6-68	
		NAME (Type) HELVIN D. DAYIS ADDRESS(Street, city, town or county 800 MORNIA	NGTON B. 21222	
5 = = ~ 5 =		BURING \$126/68 BELAIR HEH. BELYIR HARL	ounty) (State)	
VR ATSME (5)	24	J. G. CONNELLY SONS 300 HAGE AVE DATE 27 1968 COUNTS	ATURE	





de fig

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

L	CERTIFICATE OF DEATH			
(1	OFFERSED-NAME Type or print) CHARLES C. DISTIMAN 20 DATE OF DEATH Type or print) CHARLES C. DISTIMAN 3 Doy / Year 68 5:30 M			
3. SE	MHITC 6/24/17 lost birthdoy) YRS. MONTHS DAYS HOURS MIN			
	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. COU			
	CITY OR TOWN OF DEATH  A TON SUM C   11. NAME OF HOSPITAL OR INSTITUTION (U nat in haspital during most of working life, even if retired)  A TON SUM C   12. USUAL OCCUPATION (Kind of work done give street address)   POING- ROUTE   12. USUAL OCCUPATION (Kind of work done live kind of work done live			
odm	nission) STATE Md. 13b. COUNTY Howard Elkridge YES NO 6501 OLD WASHINGTON P. P.			
1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lost Sarah Miller			
	Yes, no, or (nknow)) (If yes give wor or doing of service) 218-10-8899 TANE DISTINANT OLD WASH. SRD.			
	IB CAUSE OF DEATH (Enter only one cause per line for (d) (b), and (c))*  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CONSEQUENCY OF  Conditions, if any, which gave rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF			
	dost.   (c)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)			
*	NONE			
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO  2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CE	and the state of t			
WE	21d. INJURY OCCURRED While at work of the place of INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. (ity or Town County State			
	22a. I certify that (I) (this hospital) attended the deceased from 175, 195, to 37, 1958, that (I) (we) las saw the deceased alive an 1958 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (I) (we) (did) (did not) view the body after death.			
	226. SIGNATURE  This kolle Med Degree ATTENDING DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIVISION DIRECTOR DIVISION DIVISIONI DI VISIONI DIVISIONI DI VISIONI DI			
	22d. PHYSICIAN'S PRITZ KOBLER 22e. ADDRESS Explorition Commence Calouruble.			
230	BURIA_ (REMATION 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)  BURIAL 3-5-1968 Meadowridge Cemetery Howard County, Maryland			
	FUNERAL DIRECTOR  ADDRESS  Howard H. Hubbard, 4107 Wilkens Ave.  ADDRESS  250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  DATE MAR 5 1968			

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, arremayal, and in any event, within 72 hours after death

TO HOTHITAL OR ATTENDING PHYDICIAN: The law requires that the death certifirate be executed without 24-hours after

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. T/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle TH DEPT. 1 DECEASED-NAME First Lost 20. DATE KNOWN Yeor 2b. HOUR (Type or Print) ESTI-1960 Gustav Dittmar DEATH MATED F UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (n years 2c DATE PRONOUNCED DEAD 2d HOUR iast birthday) Month 82 YRS Male White 4-30-1885 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A WIDOWED -DIVORCED [ Baltimore in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life even if ret red ). SelfempLoyed along wit give street address) INDUSTRY rocer Joseph's Towson 13d INSIDE CITY OM TSP 13a USLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 1236 odmission) STATE 13b COUNTY Baltimore YES NO 😓 1102 Fine Dale Avenue Perry Hall and 2 after Lost 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Dittmar Ochedlein Henry Anna hours pages Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** penci (If yes give war or dates of service) (Yes, no, or unknown) Miss M. Evelyn Dittmar 4102 Pine Wale Ave -32-1212 File APPROXIMATE INTERVA event within 1B. CAUSE OF DEATH (Enter only one couse per line (o), (b), ond (c) "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF burial-transet Conditions, if any, which gave rise to immediate couse (a), ăup. shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) This certificate remayal 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES ь 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, affice building, etc.) AT WORK AT WORK please execute 22a | certify that I took charge of the remains described above, held on Autopsy ... Inspection 2 Inquiry and in my apinion retained death resulted from \_\_\_\_ Natural causes\_\_\_\_\_ Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health ADDRESS(Street, city, tawn, ar county) NAME (Type) 23o. BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spec fy) 3-18-1968 Farkwood Cemetery Md. Burial Baltimore. 34 | 250 REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE DATE MAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 03654 DECEASED-NAME First M.ddle Last 2n. DATE OF OFATH 2b. HOUR (Type or print) George Dresch 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years SE UNDER I YEAR IF JNDER 24 HRS last birthday) MONTHS 12-31-1899 Male Can. 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) Balto. U.S.A. WIDOWED [7] DIVORCED [ Baltimore IO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 6802 Beech Ave. during most of work no life, even if retired ) INDRISTRY Bal to. Electrician
MISS 13e. STREET AND NUMBER 13o USUAL RES DENCE (Where deceased lived, if institution, Residence before, 113c CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO ARO2 Beech Avenue 14 FATHER S NAME First Middle Last IS. MOTHER S MAIDEN NAME First Lost John Dreisch Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Southbend Ind. Yes, no, or unknown) 218-01---50 Moreen Rowers Romman St. 18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c) BETWEEN ONSELLAND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR Conditions, if any, which gave t rise to immediate cause (o). DUE TO, OR AS A CONSECRIENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1967, and this tolleville saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above (1) (we) (did not) view the body ofter death of the courses 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (Stote) (County) REMOVAL Specify 3-1/1-68 Parkwood Cam. balto. Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

van papers. Page within 72 hours a the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pag requires that the death certificate be executed within 24 hours and in any event, crematian, ar remaya burial-transit signed by Page 4 may be retained by the hospital ar attending this certificate has been totached far use as the of Health p O FUNERAL DIRECTOR: After director, page 3 shauld be filed v

30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH (Glass) 2b. HOUR (Type or print) BEATRICE Month 30 Doy 4. RACE 3. SEX 6 AGE (In years F JINDER TYEAR IF UNDER 24 HRS. lost birthday) 2HTW3M HOURS CAUCASIAN FEMALE nir. Inen piease remove carban papers. Pagar removal, and in any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. law requires that the death certificate be executed within 24 h UNITED WIDOWED [ DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY TOWSON BALTO. MED. 13a. USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MD 13b COUNTY Edgemere CAROLYNE 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Last HERBERT HANCOCK 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, or unknown) 220-12-7742 Husband, Mr. Dzieklinski 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to l be retained by the haspital ar attending Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the 190. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X ad far use af Health YES 🔲 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. je 3 shauld be detached ed with the State Dept. of ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of wark ATTENDING 22a. I certify that 4) (this haspital) attended the deceased from 3. 1960 , ta 5 \_\_19 &c., and that in (got) (aur) apinian death occurred on the date and have and from the saw the deceased alive an.... causes stated abave, (we) (did) (did ast) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE page e filed PHYS. PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) director, p 230 NAME OF CEMETERY OR CREMATORY 23d. IOCATION (City or Town) 23g. BURIAL CREMATION. **23b. DATE** (County) (State) BEMOVAL (Specify) Belair Memorial Belair, Maryland 24. FUNERAL DIRECTOR 2So. REC'S BY REGUTRAR John J. Duda, Dundalk, Maryland 21222 30M REV DATE

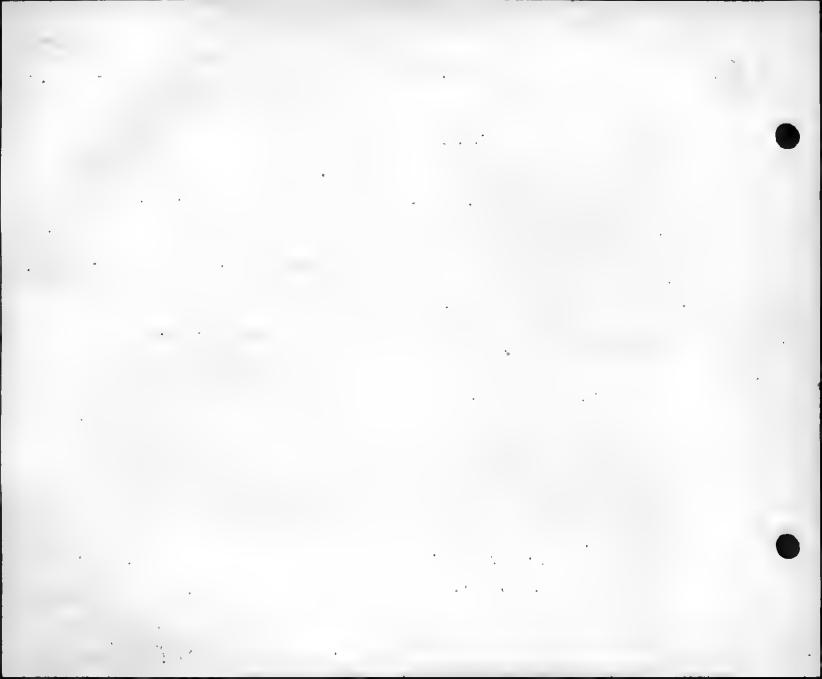


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR remaines tillat the death certifillate be executed within 24 llours after illeath (Type or print) Month signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar remaval, and in any event, within 72 hours after leap Lucille Edelmann March SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthaay) SHTWOM 7-26-88 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [ ] NEVER MARRIED [ Maryland U.S.A. WIDOWED For DIVORCED [ Bal timore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) INDUSTRY Towson St. Joseph Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY EINLITS? 13b. COUNTY 159 N. Decker Ave. Baltimore Laryland 14 FATHER'S NAME Middle Middle Lost IS. MOTHER'S MAIDEN NAME First FISCHE SCHLESINGER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, or unknown) 6625 HOWARD EDELMANN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute per BETWEEN ONSET AND DEATH Acute peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) perforated acute appendicitis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? ed for use a YES 🔀 NO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State White Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (X) (this hospital) ottended the deceased from 3/21/, 1965, to 3/31/, 1965, that (X) (we) last saw the deceased alive on 3/31/, 1965, and that in (my) (our) opinion death occurred on the date and haur and from the \_\_\_\_, 19\_68\_, that (OK(we) last be retained couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** April 1, 1968 director, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Ines Cilliani, M.D. NAME (Type) 7620 York Rd., Towson Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL CREMATION (County) OAK LAWN 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR SONS 300 MACE DATEDR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR Middle Last 2n DATE OF DEATH DECEASED NAME First (Type or print) Florence Eluira Egerton IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years requires that the death certificate be executed within 24 haurs after 2-12-1880 White Female 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physician and completely filled in len please remaye carban papers. country) U.S.A. WIDOWED 3 DIVORCED | Baltimore Maryland 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress)
St. Joseph Hospital during most of working life, even if retired) **INDUSTRY** Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER and in any event, 13d INSIDE CITY JIMITS? 2615 Wendover Road 13b. COUNTY NO 🔜 Parkville Laryland Middle Lost 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Kirby George Elizabeth Shea 17. INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs Ethel K. Trust 2615 Wendover Rd. ar remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Right encephalomalacia DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cerebral vascular disease rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Right pulmonary emboli; Right broncho-pneumonia. FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 3 NO 🔲 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. Month Dov Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D No. 21e. PLACE OF INJURY County State 21d. INJURY OCCURRED City or Town While Nat while 22a. I certify that ON (this haspital) attended the deceased from 3/14/, 1968, ta 3/30/, 1968, that ON (we) last saw the deceased alive an 3/30/ 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE March 31, 1968 DEGREE PHYS. DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 7620 York Road, Towson, Md. directar, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE **REMOVAL** (Specify) Mount Carmel Cemetery Baltimore Maryland 0 25b REGISTRAR'S SIGNATURE INC BALTO. MD. 25g. REC'D BY REGISTRAR HENRY SANDER & SONS



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after deadt. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

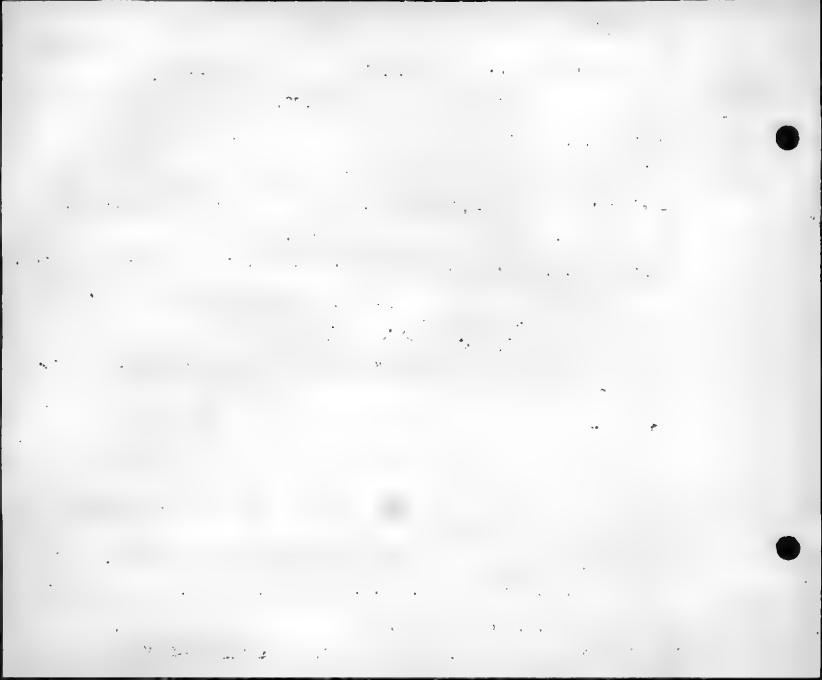
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	a. STATE Maryland b. county	. 0		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore	d give nearest town)		
Catonsville  d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?		
Shady Nook Nursing Home 1002 N. Rolling	Rd. 607 Maude Ave. 21225	YES NO A		
3. NAME OF First Middle		Day Year		
(1) by of brind	Elliott DEATH March XX, 6,	19 68		
7. MARKIES   NEVER MARKIES	Inn / 1979   DO	EAR IF UNDER 24 HRS.  Hours Min.		
	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITI	ZEN OF WHAT		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or lindustry  Industry  Ship wright  11. Birthplace (County & State, er foreign country)  12. Citizen of WHAT COUNTRY?  Fort Royal Virginia  U. S. Coast Guard  V. S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John H. Elliott	Elizabeth Sylvia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give was or dates of service)				
No None Mr	s. Jean Mitchell 607 Maude Ave.	21225		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	+0	INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: Cerebro Voscul	or themfores	4 days		
4/29 DUE TO				
Cenditions, if any, which ) (b) Culling Clare	he condervarely descore	14-7		
gave rise to immediate ( cause (a), stating the DUE TO		,		
underlying cause last. (c)		Land Harman		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE A COLOR OF THE STATE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?		
20a. ACCIDENT WAS UNDERLYING   1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	159 110 110		
facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) bry, street, office bldg., etc.)	y) (State)		
Hour a.m. While Not While p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last		
	t death occurred at J. W. from the causes and on the			
22a. SIGNATURE	ATTENDING MED. STAFF	- T		
22c. PHYSCIAN'S	D. PHYS. DIRECTOR PHYS. DI 22d. ADDRESS A DIRECTOR DIRECT	. hel		
NAME (Type) JOHAN ANESBITT JR	1009+ redouch 1 21.	7 8 2 7		
23a. BURIAL, CREMATION, 23b. DA HEREOF 23c. NAME OF CEMETER				
REMOVAL (Specify) 37.9/68 Cedar Hill		Anne Arundel		
24. FUNERAL DIRECTOR ADDRESS A				
	I DATE   V			

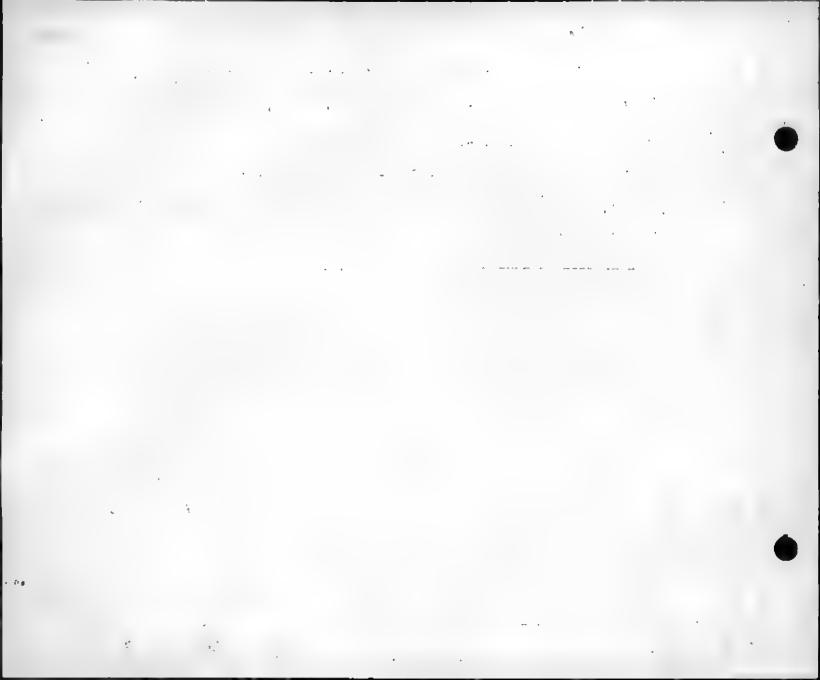


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle First 2b. HOUR Month / 6 (Type or print) rapi 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER LYEAR IF JHDER 24 HRS last-bithday) 10-11-1893 MALE WHITE requires that the death certificate be executed within 24 haurs the attending physician and completely filled in byansist permit. Then please remove carbon papers. Paperson, or removal, and in any event, within 72 hour 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country)
RUSSIA DIVORCED [ BALTIMORE 11 NAME OF HOSPITAL OR INSTITUT ON (if not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR SELF give street address) NURSING HOME most of working life, even if retired.) **EMPLOYED** Garrison 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 135. COUNTY YES X MARVI ANT 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last FAYE **ENGEL** SARAH ? **ABRAHAM** 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknown) burial, cremation, or removal, 01 01 PARK HIGHTS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO P YES [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year Dept. of (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat wh'le at wark OFFICE BUILDING ETC 22a. I certify that (I) (this haspital) attended the deceased from 2.79 19 6 2, and that in (my) (our) opinion death accurred an the date and hour and fram the saw the deceased alive anbe retoined couses stated aboye, (1) (we) (did) did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF 8 director, page 3 should be filed v DEGREE PHYS DIRECTOR PHYS. 22g. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIÁL, CREMATION 23b. DATE (County) (Stote) REMOVALISPECITY) 3-31-6 AMUNO MARVIANT 25b REGISTRAR S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 4 30M REV. 1/68 6010 REISTERSTOWN ROAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03659 20. DATE OF DEATH 2b. HOUR Middle Lost DECEASED-NAME First March 430.1988 JOHNSON ENGLISH (Type or print) WILLIAM 10 AM S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF DINOER 24 HRS. 3. SEX 4 PACE Sept. 23.1892 HOURS lost birthdoy) Male White requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED frenton N.J. USA Baltimore County DIVORCED [7] WIDOWED [ 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 34 Over Ridge Ct. during most of working life, even fretired) INC Electrical Engineer, Elkridge Estates, 13o USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY ( M. 15? Estates Baltimore Md. 21210 Over Riage Ct. IS. MOTHER'S MAIDEN NAME First Lost Middle 14. FATHER'S NAME First Ella W. Laverty William J. English IT INFORMANT Mrs. Myrtle L. English, Elkridge Estates 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 07-3840 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if ony, which gove ) ase to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES T NO TY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote 21d. INJURY OCCURRED City or Town FUNERAL DIRECTOR: After this While Not while to work 22a. I certify that (I) (this haspital) attended the deceased from 1962-to 3-30, 1968, that (I) (we) last saw the deceased alive an 3-2819 w, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (w) (did) (did) view the body after death. 22b. SIGNATURE . 22c DATE SIGNED ATTENDING MED. DIRECTOR 1968 Apr. PHYS 22e. ADDRESS 22d. PHYSICIAN'S M.D. 1129 St. Paul St. Baltimore 21202 NAME (Type) G. SULLIVAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE (County) 230 BURIAL, CREMATION, Cremetion Apr. 2.1968 Baltimore Md Greenmount ADDRESS 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FLINERAL DIRECTOR SONS.INC. Baltimore Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 u5630 161 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) J EVERETT Anna IE UNDER 1 YEAR 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years last birthday) ZHTIROM White July 12, 1900 Female 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland Baltimore. U.S.A. WIDOWED [7] DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind at work done 10 CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR during most of working life, even if retired.)

Homemaker give street address)
ST. JOSEPH INDUSTRY Towson the attending physician and campletely sit permit. Then please remove carbot crematian, ar remaval, and in any event, 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY JAMES? odmission) STATE Mary Land 13b. COUNTY 4116 White Ave. Baltimore YES 53 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Middle Karzmier Jaskiewicz Frances Blecheck 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, To or unknown) (If yes give war or dates of service) 218-05-6189 Mr James H Everett Same APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH burial-transit permit. Hepatic coma secondary to Laennec's cirrhosis IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🔳 YES 🗀 should be detached far use with the State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAJSE DE DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While hot while at work 22a. I certify that (\$\foat1\) (this haspital) attended the deceased from 3/10/ , 19-68, to 3/18/ , 19-68, that \$\foat1\) (we) last saw the deceased alive an 3/18/ 19-68, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS. March 18, 1968 DEGREE amunu 22d. PHYSICIAN S 22e ADDRESS Ramon P. Lopez, M.D. directar, po shauld be f NAME (Type) 7620 York Rd., Towson, Md. 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a BURIAL, CREMATION, BUT121 250. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE 3/22/68 Hely Redeemer

VR A15 (4) 30M REV, 1/68

Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been

24 hours after

. The law requires that the death certificate be executed within

Leonard J Rusk Inc Baltimore. Md

24 FUNERAL DIRECTOR





MARYLAND STATE DEPARTMENT OF HEALTH 5682 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 1. DECEASE O-NAME First 2c. DATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Month the-funeral ALBERT KAYMOND FARR MARCH 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 6 AGE (In years lost birthday) MALE WATTE AUG 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED 7 NEVER MARRIED papers. country) campletely filled in USa BALTIMORE DIVORCEG [ WIdOWED burial, cremation, ar remaval, and in any event, within 72 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working life, even if retired.) remove carbon SUPERVISOR 100000 OSCAHIS 13o. uSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 🗆 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First and MARY MATHAN FARR physician a 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) MRS 213-01-7 signed by the attending phy bursal-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) LLING Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONCITION GIVEN IN PART 1(a) whele Melling be detached far use as the State Dept. of Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 GATE OF GPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES | 216 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 4/5 saw the deceased glive an 3/3/19 C 8 and that in 19 /\_ 5°. to saw the deceased alive an... causes stoted above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE MED. DIRECTOR ATTENDING DEGREE 22d. PHYSICIAN'S

12b KING OF BUSINESS OR INDUSTRY (0 3320 CLARKS FARR 3320CLAR APPROXIMATE INTERVA **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINGINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) County Stote , 19 6 3, that (1) (we) lost \_19 & Sand that in (my) (evr) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED director, page stranged NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) REMOVAL (Spedify) MOGEN AGRAHAM 25b. REGISTRAR S. SIGNATURE 24 FUNERAL CURECTOR VR A15 47 30M REV. 1/68 VR A15 -APR

2b HOUR

IF UNDER 24 HRS.

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eeath.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

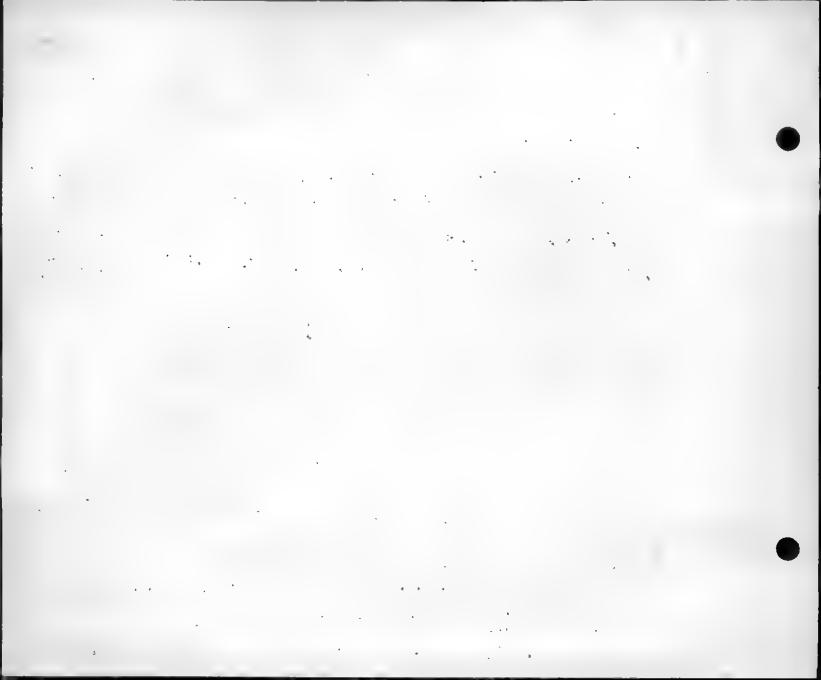
CERTIFICATE OF DEATH

F JNORR 1 YEAR IF LNORR 24 HRS. S. MONTHS DAYS HOURS M.N.  E M. 12b KIND OF BUSINESS OR INDUSTRY AT HOME  OREST ROAD Last ?
F JNOER 1 YEAR IF LINDER 24 HRS.  MONTHS DAYS HOURS M.N.  M. HOURS
MONTHS DAYS HOURS M.N.  MONTHS DAYS HOURS M.N.  MACHINE MACHINESS OR INDUSTRY AT HOME  OREST ROAD  Last ?
E MC  126 KIND OF BUSINESS OR INDUSTRY AT HOME  OREST ROAD  Last ?
126 KIND OF BUSINESS OR INDUSTRY AT HOME  OREST ROAD  Last ?
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? BLDG
BLDG
7 MD. TRUST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 days
15405
S CONSIDERED IN CERTIFYING
2, Item 18.)
County State
19, that (I) (we) los date and hour and from the
C. DATE SIGNED
2c. DATE SIGNED
2. DATE SIGNED
2. DATE SIGNED 3/11/68
1

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages T and shauld b■ filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after efeat VR A15 (4) 30M REV 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03666 DECEASED NAME First Middle 2o. DATE OF DEATH 2b HOUR within 24 haurs after death r deat (Type or print) March S. DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR March 15, 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) and completely filled in purial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h DIVORCED [ 120 USUAL OCCUPATION (Kind of work done 26 KIND OF RUSINESS OR during most of working life, even if ret red ) attending physician and completely formit. Then please remave carban 0 W 50 M Mayor 10×15 T 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed ROSpebure 13b COUNT 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Kathovine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 1 (If yes give wor or dates of service) 215-40-0924 18. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 190 DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [ 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 218 LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from ully saw the deceased alive an March 12 19 6 and that in (my) (our) opinion death accurred on the date and have and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR , SA, DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Samuel Whitehouse, M.D. NAME (Type) 3900 North Charles Street 21218 231 NAME OF CEMETERY OR CREMATORY 5 T. Peters Luth. Com. 230 BUR AL, CREMATION 23b. DATE LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 30M REV, 1/68



requires that the death certificate be executed within 24 signed by the ottending physi burial tronsit permit. Then pl burial, cremation, or removal, hos been O FUNERAL DIRECTOR: After this certificate be retoined director, page 3 should should be filed with the VR A15 (4) 30M REV, 1/68

hours after deoth.

BREMOVAL (Spraity) 24. FUNERAL DIRECTOR Raymond Grean

23b. DATE

22d PHYSICIAN'S

23a BUR AL, CREMATION,

PHYSICIAN'S NAME (Type) JOH-N

Blue Ridge Cemetery

ATTENDING

22e ADDRESS

PHYS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Thurmont

23d LOCATION (City or Town)

(County) Fred

(Stote)

ADDRESS eager Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEMAR

DIRECTOR



DESCRIPTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First M ddle Last 20 DATE KNOWN Manth FISCHER (Type or Print) JOHN CRONIN DEATH MATED March 20 IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 4 RACE 5 DATE OF BIRTH 6 AGE (In years 3 SEX Feb. 16. 1957 Male White 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED [ NEVER MARRIED ] Baltimore salto., M. DIVORCED [ U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 31 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) School Dundalk 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. EITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 1913 Searles Rd. Balto. Dundalk 1919) Searles Rd 13b COUNTY YES NO Z and 2 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Last Fischer Evelya Ma Snyder Joseph 3. hours pages **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, or unknown) (If yes give war or dates all service) Joseph B. Fischer :1913 Searles Rd. 2 E PROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line to AND ONSET AND DEATH be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (o), certificate shauld writing the ward stoting the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) b 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [ 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING T crematian, CAL EXAMINER: CAUSE OF DEATH 21e PLACE OF IN, LRY (At hame, farm, street, City at Town (aunty 21d NJURY OCCURRED factory, office building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinian Natural causes V. Accident Undetermined manner death resulted from. Suicide . Hamicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY 5 may TO FUNE Health ADDRESS(Street city, town or county) 6800 Normington Rd/ DAVIS MELVIN NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE REMOVAL (Specify) 7401 German Hill Rd., Ba.Co., March 23.1968 Sacred Heart Cemetery 901 S. Conkring St. 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATUR Ochorles Balto., 21224 . VR ATSME ( 10M REV. 1/6



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7b Film G399 3/27/68 kk CERTIFICATE OF DEATH . DECEASED-NAME First Middle 2a DATE OF DEATH after death (Type or print) RONIS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED I DIVORCED burial, crematian, or remayal, and in any event, within 72 Poland the attending physician and campletely filled sit permit. Then please remave carban pape 10. CITY, OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired ) Balto 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior tab attending has been CERTIFICATION 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ Page 4 may be retained by the hospital ar this certificate 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year director, page 3 shauld be detached 1 shauld be filed with the State Dept. of P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from function of the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted oboye, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S 22e ADDRESS NAME (Type) 230 BURIAL TREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH

VR A1574) 30M REV 1/68

24. FUNERAL DIRECTOR

25b. REGISTRAR'S SIGNATURI 2So. REC'D BY REGISTRAR

2b. HOUR

IF UNDER 24 HRS

HOURS

Lost

BETWEEN ONSET AND DEATH

State

(State)

County

22c. DATE SIGNED,

(County)

IF JINDER YEAR

INDUSTRY

DAYS

12b KIND OF BUSINESS OR

MONTHS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fit director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbank shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, with

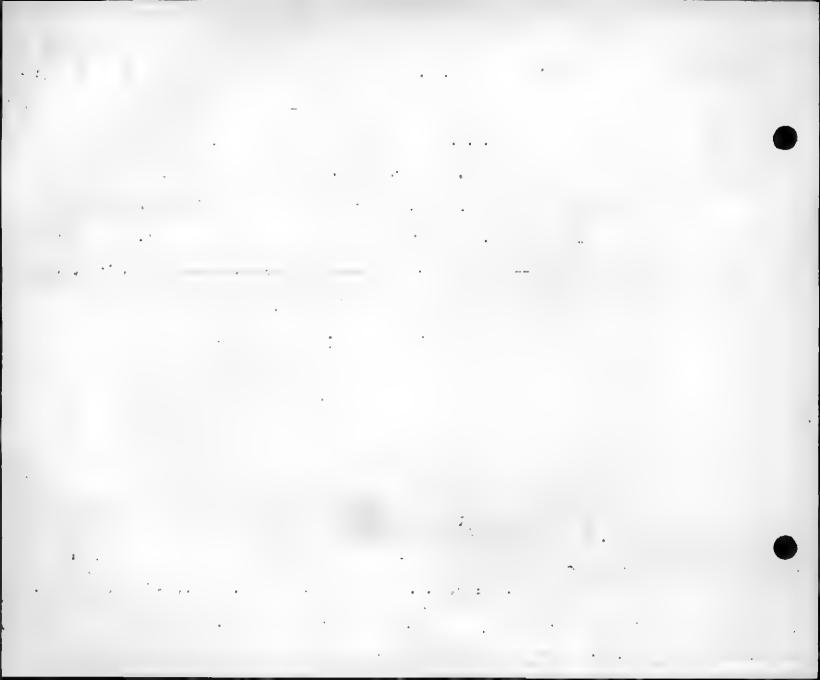
VR A15 (4) 30M REV. 1/68

by the funeral Pages 1

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	03683	DIVISION OF VITA		I W. PRESTOR RTIFICATE		TIMORE, MARY	(LAND 21201	3 6		
ŀ						In DATE OF D	PATEL			
Į.	DECEASED-NAME First (Type or print) W111	t	Middle	Losi		20. DATE OF D		Yearo	2b. HOUR	
L	MITT		B. C.	FOERS		_	3 11	, , ,	P:154	
3.	SEX	4. RACE		S. DATE	OF BIRTH	1	6 AGE (In years lost birthdoy)	F JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.	
L	Male	Whi	te		5-8-04		63 YRS.	INDIVING WATER	HI K	
70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8	MARRIED 🗌 NEVE	R MARRIED 🔼	9 COUNTY OF D	EATH			
ľ	Maryland	U.S.A			D+VORCED	Bal	timore		Mo	
10	CITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITU	ITION (If not in hosp	itol 12o USU		(ind of work done	126. KIND OF	BUSINESS OR	
L	Owings Mills	Rosew	ood State			Depen			none	
	o USUAL RESIDENCE (Where deceose mission) STATE	ed lived, if institution: Re	sidence before 13c	CITY OR TOWN	13d. INSIDE CITY		ET AND NUMBER	,		
_	Maryland	Ral	timore H	alethory	e YES N	10 X 2409	Hamilton	Avenue		
14	. FATHER S NAME First	Middle	Lost	IS. MOTHE	R'S MAIDEN NAME	First	Middle		Lost	
L	Jacob_		Foerster			stella	L.	Ţ	oomey	
1	So. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown)   (If yes give we	ED FORCES? 16b S or or dates of service)	OCIAL SECURITY NO.	17 INFORMAL			Address			
L	no			Rosewo	od Recor	de. Owin	gs Mills,	Maryla	ndbn	
l	18. CAUSE OF DEATH (Enter onl	y one couse per line for	(o) (b), ond (c)	1	. /	0	1 1	DETWEEN, O	NSET AND DEATH	
L	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	Testates	Carce	noma (	DENLIVE	l.zed	7 70	ars	
Ł	1579	2.11								
L	(b) Conditions, if only, which gove the rise to immediate couse (o), (b) Concernation Pancerne								years	
	stoting the underlying couse OJ. DUE TO, OR AS A CONSEQUENCE OF									
	last. // / ×	1								
ı	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN	N PART 1(o)	/ -		
ŀ	INStitution	alization.	58 year	u Con	genita	Men	-ul ded	· cenc	И	
	90. DATE OF OPERATION 196, (	CONDITION FOR WHICH OP	ERATION WAS PERFOR	RMED 200	AUTOPSY?		ES, WERE FINDINGS O	ONSIDERED IN	RAFYING	
	.90. DATE OF OPERATION 196. (			А	S 🗽 NO	] CAUSES (	F DEATH? Yes	3	λ.	
			th Day Year	21c. HOW INJUR	Y OCCURRED (Ente	er noture of injury	in Port 1 or Port 2,	Item 18.)	V	
	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	19							
ŀ		PLACE OF INJURY (AT HON	ME, FARM, STREET, FACTORY, BUILDING, ETC	21f. LOCATION	Street or R.F.D. No	o. City o	r Town	County	State	
	of work of work									
Ł	22a. I cortify that (1) (thi	s haspital) altended	the deceased f	ram 2/20	, 19_	68 , to3	<b>711</b> , 19	<u>68</u> , that	利) (we) los	
L	saw the deceased alive 7. 3/11 1968, and that in (1904) (our) opinion death accurred on the date and hour and from the causes stated above, (2) (we) (dut) (dut) view the body after death.									
ı	22b. SIGNATURE	, set (we) (alla) (allax	Man) view ille Dod	y uner deam.				DATE SIGNED_	-	
L	( ) and a did	O sono	1	DEGREE PH		MED. DIRECTOR	STAFF PHYS.	5/11/68		
L	22d. PHYSICIAN'S	D STOUD			. ADDRESS	DIKECIOK —	riii. —   -			
		rd A. Jones	, M.D.	1		St. Hosp	., Owings	Mills,	Md.	
2	BO BURIAL, CREMATION, 23b. D		23c. NAME OF CEME				(City or Town)	(County)	(Stote)	
		13/68	Loudon	Park (e	metery		more, Md.	,		
2	FUNERAL DIRECTOR	(3	ADDRESS		2So REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE		
	J. F. Eline & Su	and Reinte	antoun (	M.	1 M/	AK 15 15	ARR JUL	complete the	edilla.	



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death

funerol

TO IUNIBAL DIRICTOR: After this certificate has been signed by the attenting physician and completely tilled in the the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Reger 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physicion.

30M REVUIT 08

24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	O U	1030		(	CERTIF	ICATE OF	DEATH			0367	7.9
	CEASED NAME ype or print)	First		Middle		Lost	2	Zo. DATE OF DEATH Month	Day	Yeor	2b HOUR
1,	the or himit	John		Francis		Ford		3		17 68	6:45ph
3. SE	Х		4. RACE			S. DATE OF	BIRTH	6. AGE (In year lost birthday)		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	Male		Cau.			2	/27/96	72	YRS.	MURINS PAIS	HUUKS MIN
o. E	SIRTHPLACE (State	or foreign	75. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D 🔲 NEVER MA	KKIEU	COUNTY OF DEATH			
LQUI	Maryl	and	U.S	.A.	WIDOWE	DIVID 🔀 DIVI	DRCED 🔲	Baltimore			Mo
10, (	ITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN	) NOITUTITE	f not in hospital		CCUPATION (Kind of work		125 KIND OF E	BUSINESS OR
	Towson		Gr	street oddress) eater Balt	imore	Med.	lduring most of	of working fe, even if reti	red )	INDUSTRY	Bank
13a.	USUAL RESIDENCE		d lived, if institut	tion. Residence before	13c CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMB	ER		
mbc	ssion) STATE	MD.	13b. COUNTY	- V	Balt:	imore	YES NO	5209 Elmer	. Av	renue	
14. 1	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S /	NAIDEN NAME First	Mid	dle		Lost
	J	ohn	Thomas	Fo	ord		Anne			V	lalsh
160.	WAS DECEASED E	VER IN U.S. ARME	D FORCES?	16b SOCIAL SECURITY		. INFORMANT		Addr	220		
Υ	es, no, or unknowr Yes	(II yes give war	or dotes of service)	217 05 552	18	John Jo	seph Ford	1 1633 Penty	rood	Road	
	18. CAUSE OF D	EATH (Enter only	ane cause per li							APPROXIM	VATE INTERVAL ISET AND DEATH
	18. CAUSE OF DEATH (Enter anity and cause per line far (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute pericarditis									BETWEEN ON	ALI AND DEATH
	15 1 9 DUE TO, OR AS A CONSEQUENCE OF										
	(Conditions, if any, which gave) Carcinoma of stomach with wide										
	is to immediate cause (a).  stating the underlying cause (b).  Carcinoma of Stomach with wide										
	lost. (t) spread metastases										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	A STATE OF THE PARTY OF THE PAR										
CERTIFICATION	190. DATE OF OPE	190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 205. IF YES, WERE FINDINGS (								ONSIDERED IN CE	RTIFYING
IFIC				YES WO []				CAUSES OF DEATH?	v	ES	
CERT	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item										
MEDICAL											
MED	21d INJURY OCC	URRED 21e. P	LACE OF INJURY	( AT HOME FARM, STREET, FAR OFFICE BUILDING, ETC.		LOCATION Str	eet or R.F.D. No.	City or Town		County	State
	White Not w	rhile 🔲		OFFICE BUILDING, ETC.	/			4.1, 21 1411			5.2.5
	220   certify that (I) (this hasnital) attended the deceased from 2/24 19 08 to 3/11/ 10 08 that (I) (we) loci										
	22o. I certify that (i) (this hospital) attended the deceased from 2/24, 19 68 to 3/1/, 19 68, that (i) (we) lost sow the deceased alive on 3/16, 19 68 and that in (my) (our) apinion death occurred on the date and hour and from the										
	couses stoted obove (I) (we) (did) (did not) view the body ofter deoth.										
	ATTENDING — MED — STAFF —									DATE SIGNED	
			SILVE	here	DI	GREE PHYS	☐ DIREC	TOR PHYS. G		3/17/68	
	22d PHYSICIAN S NAME (Type				7	22e. AD		11 C.M			
			tenecke					harles STree			-,-
23a.	BURIAL, CREMATI REMOVAL (Specify	o) i				OR CREMATORY		3d. LOCATION (City or Town		(County)	(Stote)
	Kuria		cch 20	1948 New	Cath	edral C	emetery	Baltimore, 1	lary	rland	
24.	FUNERAL DISECTO	Man. 11 -	America -	ADDRESS			1 2Sa. REC'D'BY RI	EGISTRAR   2Sb. REGIS	TRAR'S	SIGNATURE	4.48
	JA E.	Lowell !	Lemmon 1	611 Park	ieigh	ts Ave.	DATE WAN	4 0 1000 K	10	wells Ju	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

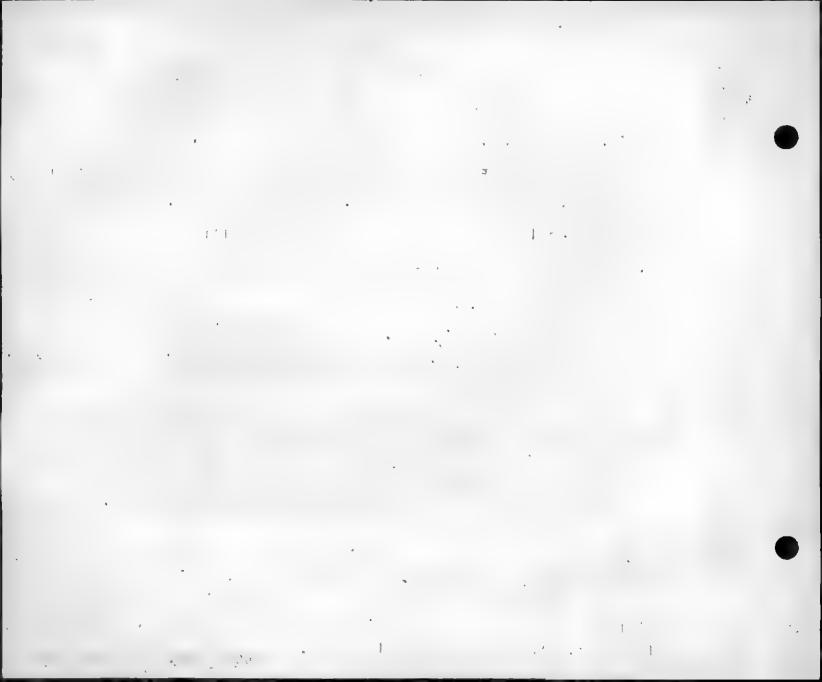
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial old completely filled, director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within A

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	43	2	34/4	IC)
4.9	4.3	1 3	- 6	-

~ •	,01	CERTIFICATE OF DEATH								
I. DECEASED-NAME	First	Middle	Last	20	. DATE OF DEATH	2b. HOUR				
(Type ar print)	Thornton	W.	Fowler		Month D	OY Yeor				
3. SEX	4 RACE		S. DATE OF B		6 AGE (In years	F UNDER 1 YEAR   1F UNDER 24 HR				
male	whit	e	Dec.	21, 1893	lost birthday) 74 YRS	MONTHS DAYS HOURS MA				
7o BIRTHPLACE (State or	foreign 7b. CITIZEN OF WHA	IT COUNTRY? 8.	MARRIED 🔀 NEVER MAR	RIED 9. CO	OUNTY OF DEATH					
country) Md.	U.S.			RCED 🗍	Baltimore					
ID. CITY OR TOWN OF DE			UTION (If not in hospito)	120 USUAL OC	CUPAT ON (Kind of work done	126 KIND OF BUSINESS OR				
Caton ville	glye st	eet oddress)	STATE HOSP.	Titter	working bife, even if refired.	sprinklerC				
130. USJAL RESIDENCE (W	here deceased lived, if institution		CITY OR TOWN	13d INSIDE CITY LFA. 757	13e. STREET AND NUMBER					
odmission) STATE	Md . 136 COUNTY	0	Balto.	YESXXX NO	309 S. Mour	it Street				
14. FATHER'S NAME	First Middle	Last	1s. Mother's M	AIDEN NAME First	Middle	Last				
Howard	Fowler			Sadie Wi	illiams					
160 WAS DECEASED EVER	Address									
Yes, oo, or unknown) N O	(If yes give war or dates of service)	212-07-527	8A Records	: SPRING	GROUF STATE	HOSPITAL				
18. CAUSE OF DEAT	'H (Enter only one couse per lyse	for (o), (b), and (c).)	4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART 1. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNE UMONIA									
4 7 3	DIFF TO AD AS A CONTROLLED OF									
	Conditions, if any, which gove ( ) CANGESTIVE / LEART FAILURE									
	stating the underlying causel DUE TO, OR AS A CONSEQUENCE OF									
lost.										
PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
2 4 +4	y +y									
190. DATE OF OPERAT	ON 196. CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED 200. AUTO	PSY?		CONSIDERED IN CERTIFYING				
I I			YES	NO 🗌	CAUSES OF DEATH?					
	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY & COSTS 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mighth Day Year (If either, natify medical examiner) Gr. P.M. 53-104-3-2419-68									
	RED 21e. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTORY	Y.) 21f. LOCATION Street	et ar R.F.D. No.	City or Town	County State				
White Not while at work of work	'□	DIFFICE BUILDING, EFC.	1							
22a. I certify t	22g. I certify that (IX(this haspital) attended the deceased from March 22, 1968, to 3 - 37, 1968, that (I) (we) last									
saw the de	ceosed olive on 3-	3/- 196	🏄 , and that in (m	y) (our) opinion	death occurred on the c	date and hour and from t				
	ted abave, (I) (we) (did) (	did not) view the bac				DATE SIGNED				
22b. SIGNATURE	derand	hear	M. B. ATTENDI		OR STAFF	C. DATE SIGNED 3-31-6				
OO L PUBLICIANC		Masse	. Lon and	DIRECTION SPRING	GROVE STA E					
NAME (Type)	FERDINAND	MASSI	421 120. AUL	14600	more, Maryland					
50. DUD AL CREMATION	22h DATE	I go, NAME OF COM	AETERY OR CREMATORY		1. LOCATION (City or Town)					
230. BUR AL, CREMATION, REMOVAL (Specify)	<sup>23b.</sup> DATE 4/3/68		Park Ceme		Baltimore,	(County) (State)				
Burial 24 FUNERAL DIRECTOR	177100	ADDRESS	To the Country	2So REC'D BY REC						
Walters F	uneral Home	Pratt&Str	rickerSts	- ADD		Manufa Budan				



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20 DATE OF DEATH Middle DECEASED-NAME First requires that the death certificate be executed within 24 hours after death. ero (Type or print) FRADIN HYMAN IF UNDER 1 YEAR S DATE OF BIRTH 6 AGE (in years 3. SEX 4 RACE lost birthday) MONTHS DAYS AUGUST 26 1893 WHITE MALE 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED illed in band papers. hin 72 ho country) BALTIMORE WIDOWED | DIVORCED | RUSSIA U.S.A. physician and completely filled en please remove carban pape 120 USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress) PROPRIETOR GROCERV 3503 IVNHAVEN DRIVE 13e. STREET AND NUMBER ond in ony event, 13a. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13P COUNTY NO X 3503 LYNHAVENDRIVE Middle 15 MOTHER'S MAIDEN NAME First Middle Lost 14. FATHER'S NAME First MARY ESTHER FRADIN SAMUEL Address 16b. SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) FRADIN. 3503 LYNHAVEN with the State Dept. of Health prior to burial, cremotion, or removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave ) I-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse, Page 4 may be retained by the hospital or attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) **DIRECTOR:** After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION 8 CAUSES OF DEATH? NO -YES [ use 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical exominer) P.M detoched Stote ( AT HOME FARM STREET, EACTORY ) 21F LOCATION Street of R.F.D No. City or Town County 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while of work 22a. I certify that (I) (this hospital) attended the deceased framand that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... couses stoted abave, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED. 22b. SIGNATURE MED. DIRECTOR STAFF PHYS **ATTENDING** director, poge 3 DEGREE PHYS. 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) JOSEPH SHEAR 6715 PARK HEIGHTS AVENUE 23d LOCATION (City or Town) (State) 23c NAME OF CEMETERY OR CREMATORY ((cunty) 23b. DATE 230 BURIAL, (REMATION, BURY APEILY) MARYLAND 3-10-68 BOBROISKER VEREIN BALTIMORE 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 15 Cherylan VR A15 (4) RIDATE MAR LEVINSON & BROS. 6010 REISTERSTOWN 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03693 03674 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR DECEASED NAME First (Type or print) Enmay 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) 24 hours 7o. BIRTHPLACE (State or foreign-9. COUNTY OF DEATH 7b. CITIZEN, QF WHAT COUNTRY? 8 MARRIED NO NEVER MARRIED WIDOWED DIVORCED [ burial, cremation, ar removal, and in any event, within 72 the attending physician and campletely filled sit permit. Then please remave carbon paper 120 USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even it retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER admission) STATE 13b COUNTY 15 MOTHER'S MAIDEN, NAME First 14. FATHER'S NAME Middle 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO NZ INFORMANT. (if yes give wor at dates at service) Yes, no or unknown) 217-05-0057A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immed ofe couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 500 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) mouic Broise Syculrone attending O FUNERAL DIRECTOR: After this certificate has been for use as the 205-1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING TEAJSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I **certify** that (I) (this haspitol) ottended the deceosed fram 2-11-, 1967, to 3-23-, 1968, that (I) (we) lost saw the deceased alive an 3-29-1968, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. shauld 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, <del>spoul</del>d bi 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY



	10	MARYLAND STATE DEPARTMENT OF HEALTH	
1		2.3 8 9 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(M)	ı	CERTIFICATE OF DEATH 03675	
death.		ECEASED-NAME First Middle FRIEND 2a. DATE OF DEATH Month 3 Day 14 Year 68 3:15	IR A
offer of fundamental	3 51	4. RACE Negro S. DATE OF BIRTH 6. AGE (In yours lift under 1 year lift under 24 if 1 of 1	ARS:
In In Pours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED W Baltimore County,	Mi
ithin 21 ly filled an pap within 7		TITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during gross of forking life, even if retired)  Nount Wilson  12. KIND OF BUSINESS OR during gross of forking life, even if retired)  Nount Wilson State Hosp	
mplete	13g. adm	USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 15? 13e STREET AND NUMBER 1551001) STATE Manifold J3b. COUNTY Ballimore Ballimore Pallimore YES NO 4 Flerwing Drive	
be exected and compared in any	14.	FATHER'S NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle D Lost CHARLIE FRIEND ELIZABETH LOUIS	
requires that the death certificate be executed within 21 flaurs g physician.  n signed by the attending physician and completely filled in the e burial-transit permit. Then please remove carbon papers. Pa a burial, cremation, ar remayal, and in any event, within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT Address  16s. no oxunknown) (Il yes give wor or delies of service) 2 13 - 39 - 67 29 Records, Mt. Wilson State Hospital	
ath cer nding p it. The		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)).  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  WHICH CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)).  HOW THE CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)).  HOW THE CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)).	1
the de he atte if perm ation, c		Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF CONDITIONS OF	73
quires that physician. signed by tl burial-trans burial, crem		nse to immediate couse (0).  stating the underlying couse (1).  Out TO, OR AS A CONSEQUENCE OF SIVE ANTERIOR CLEMENTS.  (c)  Out TO, OR AS A CONSEQUENCE OF SIVE ANTERIOR CLEMENTS.  (d)	
w requires taing physicia een signed t the burial-tr r ta burial, cr	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tence for second	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO  206. AUTOPSY? YES NO  206. AUTOPSY?	
AN: Jan ar all ar icate far us	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  Concontributing Cause of Death HOUR A.M. Manth Day Year HOUR A.M. Manth Day Year P.M.  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
DING PHYSICIAN by the haspital of the this certifical be detached for the State Dept. of He	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While of work	}
ATTENDING stained by th CTOR: After ( shauld be d ith the State		22a. I certify that (I) (this hospital) attended the deceased from 7: 21. , 19.57., to 3.14., 19.68., that (I) (we) sow the deceased olive an 3.14. 19.68., and that in (my) (our) apinion death occurred on the date and hour and from causes stated obave, (I) (we) (did) (did nat) view the body after death.	las th
OR ATTEN be retained DIRECTOR: /		226. SIGNATURE  226. SIGNATURE  DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  DIRECTOR  STAFF  22c. DATE SIGNED  3.14-68	_
O HOSPITAL OR ATTEND Page 4 may be retained 1 O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S		22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D.  22e. ADDRESS Mount Wilson, Maryland	
O HOSPITAL Page 4 may b O FUNERAL director, pag shauld be file	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMPTERY OR CREMATORY Park 23d LOCATION (City or Town) (County) (Stote)	= /_
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR, Dyett F.H. 1761 LAURENS St. DATE MAR 18 1968 golden Sunga	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03676 CERTIFICATE OF DEATH M ddle DECEASED-NAME Last 20. DATE OF DEATH First requires that the death certificate be executed within 24 hours after deoth (Type or print) SEX S. DATE OF BIRTH 6 AGE (In years IF JNOER 1 YEAR IF UNCER 24 HRS lost birthdoy) MONTHS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED [ ] NEVER MARRIED country) ve corbon papers. event, within 72 h signed by the ottending physicion and campletely filled in burial-transit permit. Then please remove corbon papers. DIVORCED F WIDOWED | 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress) during most of working ife, even if retired) -alons Ville ome 13c. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 🔀 West Driendshin buriol, cremotion, or removal, and in any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Middle MPSON 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or pinknown) [ [If yes give war or dates at service] APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONSEQUENCE O DUE TO, OR AS A Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ificote hos been s for use os the b f Health prior to b Poge 4 moy be retained by the hospitol or attending 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X this certificote 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while of work OFFICE BUILDING, ETC. ot work -O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 1965, to 1965, to 1965, to 1965, that (I) (we) last saw the deceased alive an 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. ATTENDING director, page 3 should be filed v DEGREE PHYS. DIRECTOR PHY\$ PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 230 BURIAL CREMATION, L. (Stote) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25o. RRC'D BY REGISTRAR **ADDRESS** 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH deoth. (Type or print) MOLLY GOLDSTEIN 3. SEX IF UNDER 1 YEAR 4 RACE S DATE OF BIRTH 6. AGE (In years last birthday) DAYS HOURS MONTHS T FEMALE WHITE MARCH 22. 1890 requires that the death certificate be executed within 24 haurs **7b CITIZEN OF WHAT COUNTRY?** 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED 7 RUSSTA BALTIMORE 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
MILFORD MANOR NURSING HOME during most of working life, even if retired.)
HOUSEWIFE pleose remove corbon PIKESVILLE or removal, and in ony event, 130. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 626 BURKLEY AVENUE Harford 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Lost UNKNOWN UNKNOWN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address 440 W. END AVE. Yes, na, ar unknawn) GOLDSTEIN. NEW YORK N. Y. 10024 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO D 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING COLCAUSE OF DEATH Month Day Year HOUR AM. (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 1 21F, LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at wark 22a. I certify that (!) (this haspital) attended the deceased from saw the deceased alive an... .19 (and that in (my) (sur) apinian death occurred an the date and haur and from the 3 should with the S be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE //a 22c DATE SIGNED ATTENDING DEGREE director, page should be filed PHYS DIRECTOR PHYS

VR A15 (4) 30M REV, 1/68

Poge 4 may

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

NAME (Type)

**ADDRESS** FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

MILTON KIRSH

23b. DATE

FARMINGDALE 10 29 REGISTRATE SIGNATURE

DATE

4000 W.

22e. ADDRESS

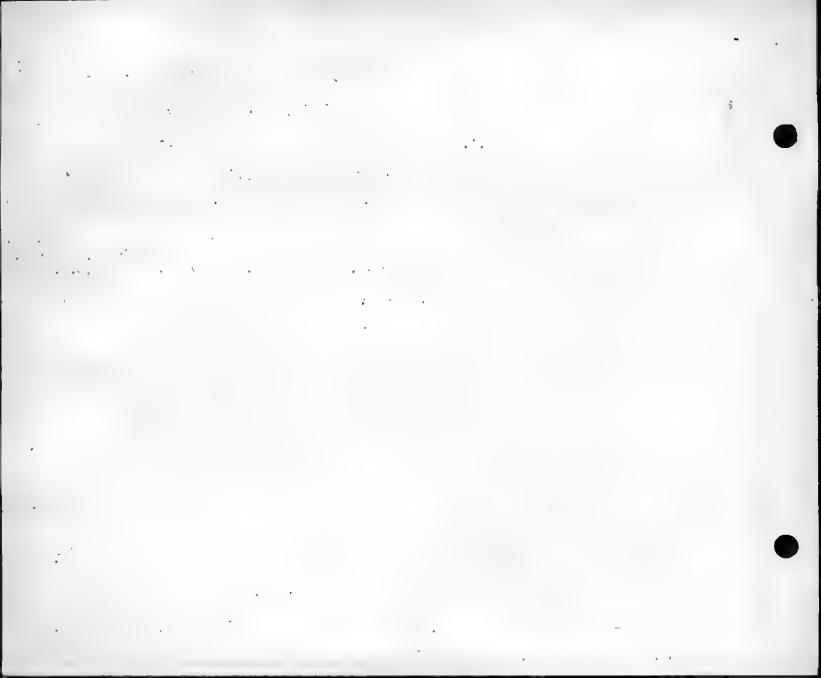
23c NAME OF CEMETERY OR CREMATORY

ARAT

NORTHERN

23d LOCATION (City or Town)

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03676 Middle 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) MARY GERTRURGOON 4. RACE 6. AGE (In years IE LINDER I YEAR 3. SEX last birthday) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o BIRTHPLACE State or foreign 8. MARRIED NEVER MARRIED BACTIMORE ALTIMORE WIDOWED [ DIVORCED 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Entended reducing mast of working life, even if retired ) 13c CITY OR TOWN 13e STREET AND NUMBER 130, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMITS? YES ENEW 60 DAD. 1906 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First GOONAN TIMOTHY HELEN KANE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 213-54-3393 STRICKER 1966 EFGE HOLD NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFAKCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ANTERIOSCUERUTIC CARMOUNSCHAR DIVER Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗌 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

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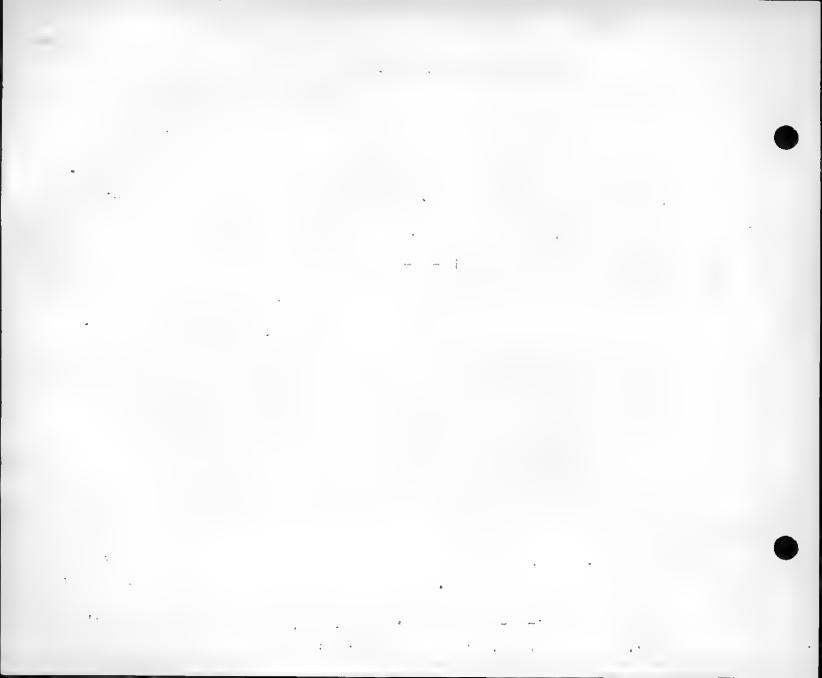
OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from AUC, 1967, to Marcal, 1965, that (I) (we) lost saw the deceased alive on 1968, 17, 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS

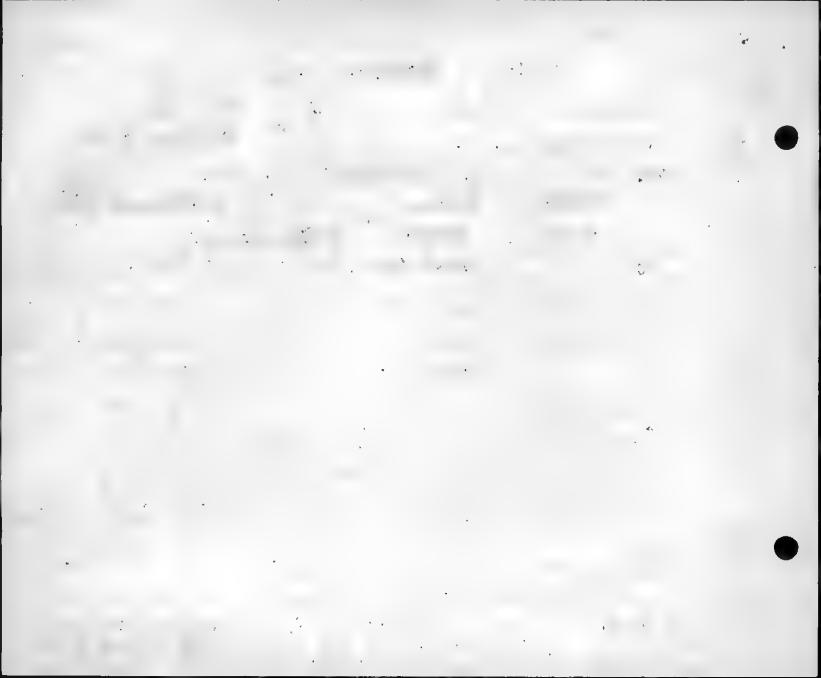
Stote

22e. ADDRESS 22d. PHYSICIAN'S LOCH KAUEN BLUE NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE BUREMOVAL (Specify) New Cathedral CemeteryBaltimore, Maryland

Home Pratt&StrickerSts 24. FUNERAL DIRECTOR
Walters Funeral



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03698 CERTIFICATE OF DEATH DECEASED-NAME 2a DATE OF DEATH Yeor /9/8 death. Month 3 and (Type or print) GORDON 5. DATE OF BIRTH RACE 6. AGE (In years IF UNDER I YEAR F DINDER 24 HRS lost birthogy) DAYS HOURS MARRIED NEVER MARRIED DIVORCED WIDOWED [ and in any event, within TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital requires that the death certificate be executed within GENERA please remove corban signed by the attending physician and completely burial-transit permit. Then please remove corban 12c. CITY OR TOWN 13a. USUA. RESIDENCE (Where deceased lived, if institution. Residence before odmissian) STATE \* 13b. COUNTY YES X NO 14. FATHER'S NAME Middle LONGORDON'S MOTHER'S MA DEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ROBROY Yes no ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: asogles melaso IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a os the prior to has been 20a. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? Vapello- afer channa left one YES [ NO 7 May 10-1967. O FUNERAL DIRECTOR: After this certificate 21c. FDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OK CONTRIBUTING THE CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from , 1967, ta march 22, 1968, that (1) (we) last saw the deceased alive on March 1965, and that causes stated above, (1) (we) (did) (did not) view the body after death. \_1968, and that in (my) (our) opinion death occurred on the date and hour and from the 22b SIGNATURE 22c DATE SIGNED ATTENDING MEO STAFF PHYS. --DEGREE PHYS 22d. PHYS.CIAN S 22e. ADDRESS COHEN. NAME (TYPE) DA BERNARD. V. director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BJRIAL CREMATION. (County) MARYLAND BNAI ISRAEL BALTIMORE 6010 REISTERSTOWN ROAD 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S S GNATUE 24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle. Lost 20. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR VERONICA (Type or print) 3. SEX 4 RACE HE UNDER 1 YEAR 6 AGE (In years lost birthday) MONTHS FEB. 7,1913 ease remove carbon popers. Pog and in ony event, within 72 hours hours 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED 🗀 BALTIMORE MINN. U.S. A. WIDOWED [ DIVORCED IG CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the deoth certificate be executed within give street address) during most of working life, even if retired ) INDUSTRY RANDALLS TOWN 208 OAK HAVEN RS HOUSEKEEPER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LUAITS? admission) STATE 13b. COUNTY. YES [ 7208 OAKIJAVEN RANDALLSTION 14 FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First Lost EUBENE RO56 GRIMES please 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) or removol, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremotion, DUE TO, OR Conditions, if any, which gove ) burial-tronsit rise to immediate cause (a). signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 use NO | 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 2.d NURY OCCURRED City or Town County State While Not while 22a. I certify that (I) (this hospital) ottended the deceosed from 4/2 ( , 1957, to 3/3/ , 1948, that (I) (we) last saw the deceosed olive an 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 2/22 23o BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b HOUR 1. DECEASED NAME First PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Magth (Type or print) Merrill ireen larch S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3. SEX last birthday) DAYS MONTHS HOURS YRS. male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Maryland Baltimore WIDOWED [ DIVORCED [ signed by the attending physician ond completely filled burial-tronsit permit. Then please remove corbon pap burial, cremotion, or removal, ond in ony event, within. 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital ig most of working life, even if settred ) ; INDUSTRY lowson uperintendent-Mon 13e STREET AND NUMBER 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 18 Wilson Ave. Parkvi imore Middle 14. FATHER'S NAME Dora V. trank ireen 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMAN Address (If yes give year or dates of service) Yes, no, or unknown) same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY of lmaky IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched for use as the State Dept. of Health prior to has been CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗍 YES 🖂 this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State 21d. INJURY OCCURRED While hat while at work 22a. I certify that (I) (this hespital) attended the deceased from May 25, 1967, ta Man 1968, that (I) (we) last saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (web: (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE DEGREE DIRECTOR director, poge should be filed 22e. ADDRESS 21d. PHYSICIAN S NAME (Type) 3201 RANCES 230 BURIAL, CREMATION, BREMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE (County) (State) Baltimore. Baltimore Nat'l 0 em. APR 1 1968 24 FUNERAL DIRECTOR Ruck, Inc Baltimore, 30M REV



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E 28. 87	<u> </u>	Female White					er 4,1		birthday) 79 YRS		
24 hours	70 E	IRTHPLACE (State or foreign try)	76 CITIZEN OF WHAT CO	UNTRY?	B. MARRIED   NE		INFE	COUNTY OF DEATH			
filled in by the filled in f	10.0	Maryland ITY OR TOWN OF DEATH	USA 11 NAME OF	HOSPITAL OR INSTE	WIDOWED THE NOT IN IN	DIVORCE		Baltimo OCCUPATION (Kind of		12b KIND OF	Md
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equires that the death certificate be ex physician. signed by the ottending physician and burial-transit permit. Then please rem burial, cremation, or removal, and in an	16a. Y	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service)  16b. S 21	ocial security no 2-07-\$67	06A Mrs	MANT • The r	resa B	rady,4107	Address Westme	eath Rd.	#36
oth cer nding p it. The r remo		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Hypvolemic shock								APPROXIN	IATE INTERVA. ISET AND DEATH
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The low requires that the death certificate be executed within ottending physician. has been signed by the attending physician and completely filles as os the burial-transit permit. Then please remove corban post the prior to burial, cremation, or removal, and in any event, within	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERF	ORMED 2	Oa. AUTOPSI	Y? NO [	20b. IF YES, W CAUSES OF DE		CONSIDERED IN CE	RTIFYING
IAN: tal or ficote for u fikeal	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, not'fy medicol exomi	TH HOUR A.M. Mor	RY or Doy Yeor	21c. HOW IN			nature of injury in Po	rt 1 or Part 2,	Item 18.)	
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be Stat		22a. I certify that (*) (the	is haspital) attended live an March 1 e, (f) (we) (did) (did r	the deceased Oth 19 St) view the bo	from Marc 60, and the ady after death	h 9th it in (Asy)	, 19 <u>_6</u> (our) apini	8, to March ion death accurr Causes	10th19 ed an the d	68_, that ate and haur o	্ব) (we) las and fram the
B HOSPITAL OR ATTENI Page 4 moy be retained D FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the		22b SIGNATURE Reynel	do Orjeula-	Gomez, M	- DEGREE	ATTENDING PHYS.		D. STAFF	1071	3/10/68	
Page 4 may O FUNERAL I director, page should be fill	,	22d. PHYSICIAN'S NAME (Type)	Vjule-		-Q-	22e. ADDRES					
Page Page TO FUN direct shoul	_	REMOVAL (Specify) 3	DATE /13/68.	Holy Re	metery or crem doomer C	emete	ry	23d LOCATION (City Baltime	or Town)	(County)	(Stote)
VR A15 (4) 30M REV. 1/68	24. L	FUNERAL DIRECTOR Bonard J. Ruck	,Inc. Baltir	ADDRESS nore, Md	. 21214		TATMAR	registrar 1 1 1968 25	. RECISTRAR	SIGNATURE	ge.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) oly filled in by the funeration papers. Pages I and within 72 hours after death GROSS ABY IF UNDER & YEAR IF UNDER 24 HRS. 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years last birthday) MDIIRS MONTHS MAZE NEGRA 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED FT NEVER MARRIED WIDOWED DIVORCED 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give, street address during most of working life, even if retired.) INDUSTRY please remove tarbon OUBOK physician and completely, ar removal, and in any event, 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY SIM IS? 13e STREET AND NUMBER law requires that the death certificate be executed odmissian) STATE 13b COUNTY NO & Middle 14 FATHER'S NAME Middle, Last IS. MOTHER'S MAIDEN NAME First Lost 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) NORE APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH ospirator IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) Immarturi burial-transit rise to immediate cause (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending p as the l has been 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO 🗀 YES 🔽 of Health O FUNERAL DIRECTOR: After this certificate by the haspital ar 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ay Part 2, Item 18.) Ē TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 3 shauld be detached with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County State City or Town While Not while of wark 22o. I certify that (I) (this hospital) attended the deceased from, 3-7-, 19 6 8, that (1) (we) lost 19.68, 10 3 - 7 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on.... be retained couses stoted obove. (1) (1997 did) (details view the body ofter depth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) directar, shauld be BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2Sb REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 DATE MAA D



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 abc&eFilm#GLO1 5/31/68km CERTIFICATE OF DEATH 2o. DATE OF DEATH **DECEASED-NAME** 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Eleanor: P. Guthrie March IF UNDER 1 YEAR IF JNDER 24 HRS SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years lost birthdoy) HOURS 1/22/13 Female White the attending physician and campletely filled in by set permit. Then please remove carbon papers. 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b, CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) U.S. Pa. Baltimore WIDOWED X DIVORCED [7] within 72 120, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Spring Grove State Hospital Houseville, even if refired.) Catonsville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 134 CITY DRILLOWN 14. event, 13d. INSIDE CITY LIM TSP /He/Va/v and in any 14. FATHER'S NAME IS, MOTHER'S MAJDEN NAME First Middle Lost Tuttle Price Elizabeth Joseph 160. WAS DECEASED EVER IN L STARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ar removal. 191-36-6981 Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transet p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost 2 - 0 V PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) disease of prain- Encephalitis O FUNERAL DIRECTOR: After this certificate has been 20b, IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? NO TX YES | for use Health p 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Oct 15, 1965, ta Mark 25, 1968, that (I) (we) lost sow the deceased alive on Mark 25, 1968, and that in (my) (our) opinion death accurred an the date and have and from the causes stoted obave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Spring Grove State Hospital director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b. DATE (County) HENNY (SECTA) 3/27/1968 Woodlands Cemeterv Bryn Mawr, Pa. 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68

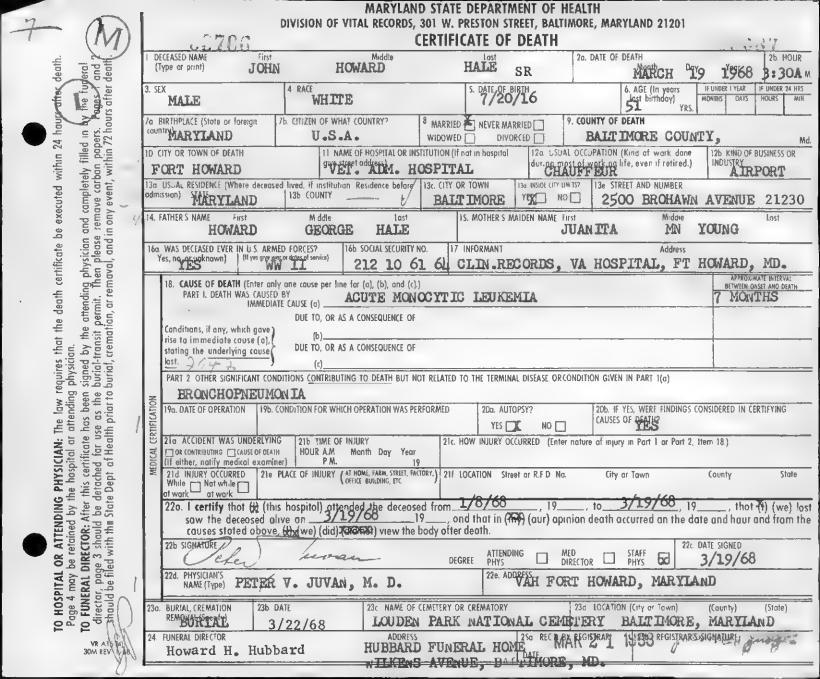


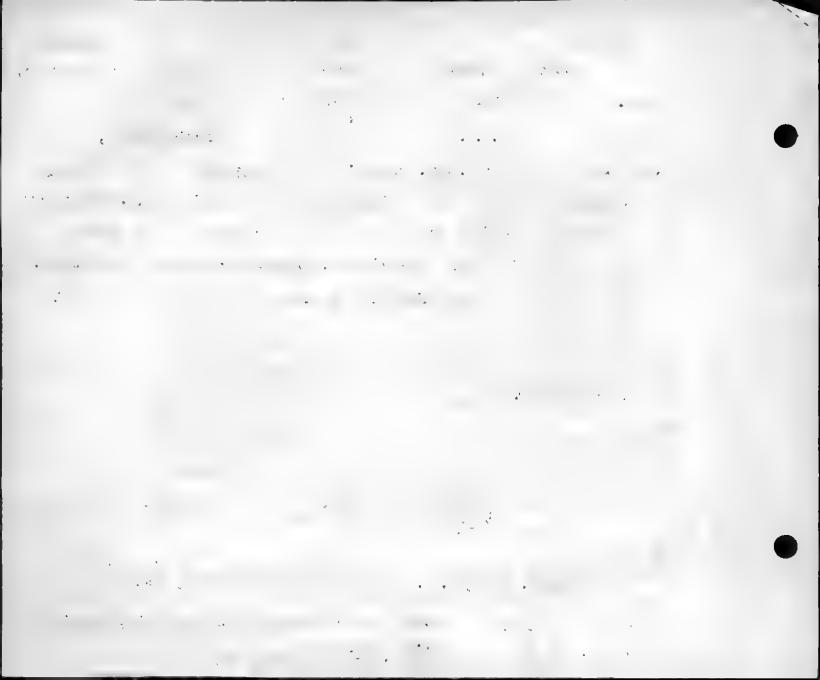
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME Middle 20. DATE OF DEATH frin 72 hours after deoth. (Type or print) S. DATE OF BIRTH 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Med In U.S. 4 WIDOWED V DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) signed by the attending physician and completely burial-transit permit. Then please remove carbor Salto buriol, cremation, ar removal, and in ony event, w 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? low requires that the death certificate be executed 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Aschener Emeron 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) [If yes give wer or dates of service] 213-48-7130 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Respirat Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse as the prior to hos been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? YES [T] NO P this certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 should be detached should be filed with the State Dept. of P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town While Not while at work O FUNERAL DIRECTOR: After 22b. SIGNATURE

03686 2b. HOUR IF LINGER 1 YEAR IE UNDER 24 HRS last birthdoy) MONTHS 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of work pg life, even if retired ) 3e. STREET AND NUMBER SETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Stote County 22a. I certify that (I) (this haspital) attended the deceased fram 2-26-, 1968, to 3-17-, 1968, that (I) (we) last saw the deceased alive an 3-17-1948, and that in (my) (ovir) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (aid not) view the body after death. 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e ADDRESS GRMC 22d PHYSICIAN'S/ NAME (Type) N 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BMOVAI (Sonaty) HOLY REDEEMER 64.17 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ENIPPEL BROSING 7110 BELAIR RD

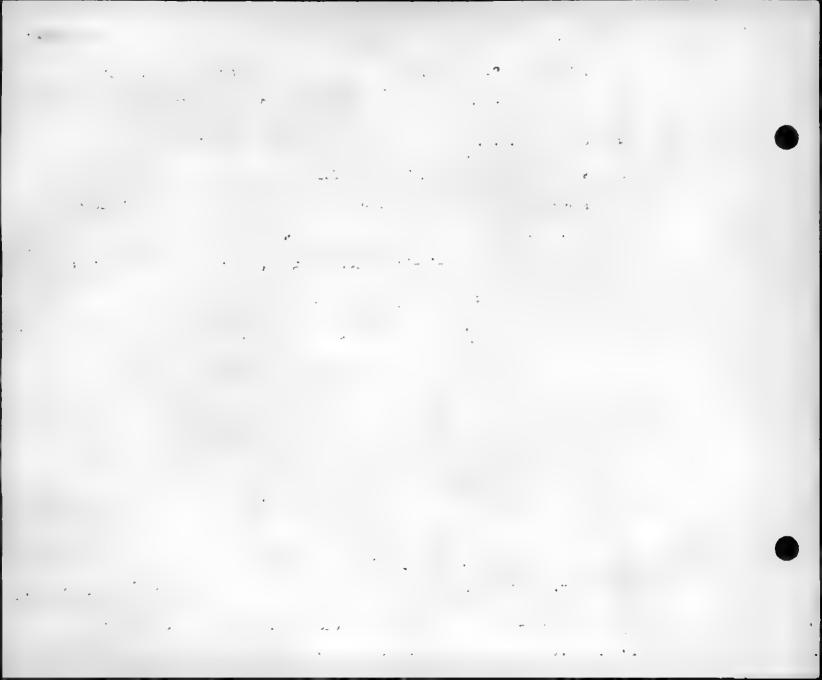
VR A15 (4) 30M REV, 1/68



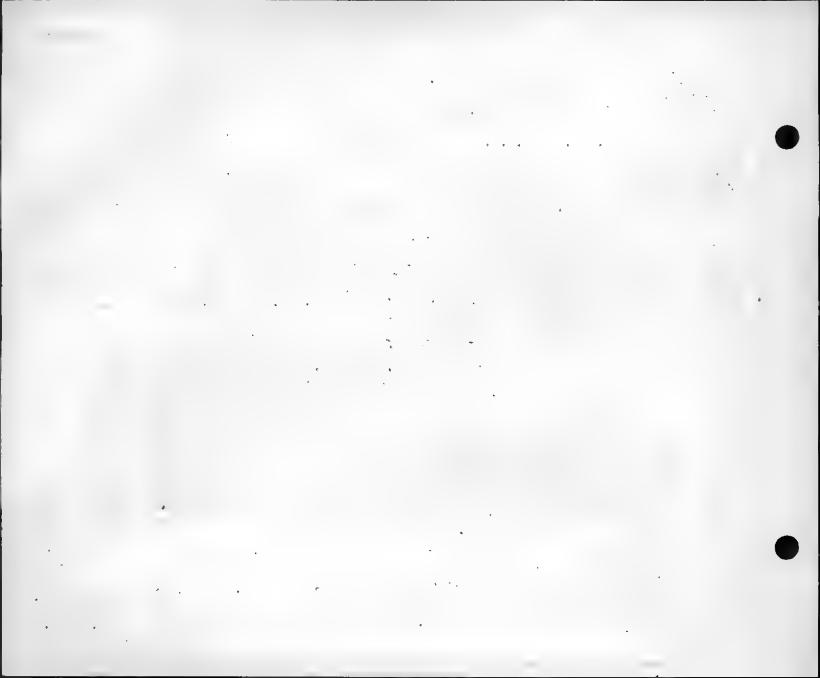


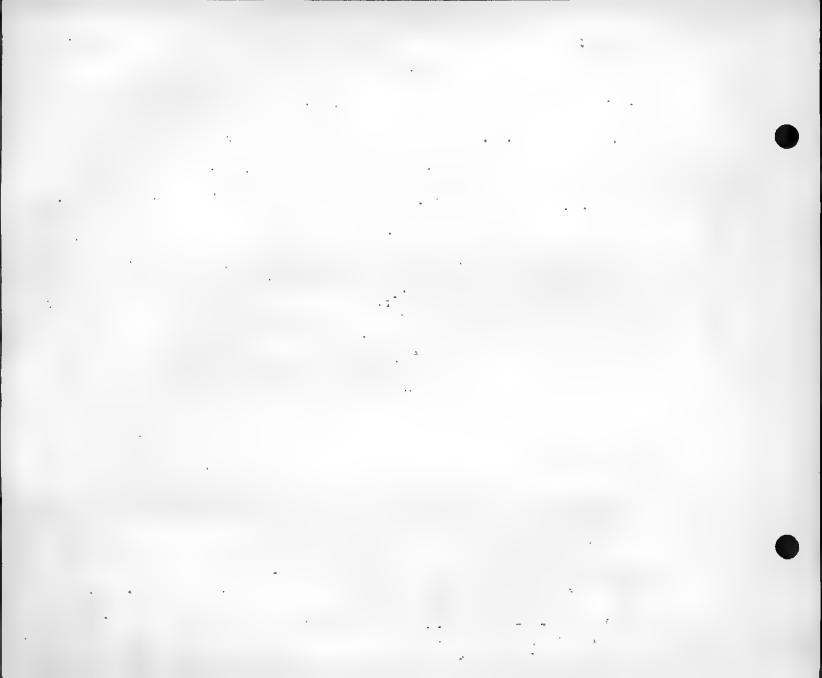


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00088 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g DATE OF DEATH 2h HOUR First and 2 requires that the death certificate be executed within 24 haurs after death. (Type or print) Month RUTH C. HALLER March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years EF UNDER I YEAR IF UNDER 24 HRS last birthday) Female White May 21, 1920 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED Baltimore DIVORCED [7] Maryland U.S.A. WIDOWED [7] the attending physician and completely filled sit permit. Then please remave carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY give street address) Arbutus 238 Leeds Terrace event, .3a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. | 13c. CITY OR TOWN 3d INSIDE CITY JMITS? 13e. STREET AND NUMBER 13b. COUNTY NO T Baltimore Arbutus 1238 Leeds Terrace Maryland and in any 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Middle Arthur Boswell Amelia Brandenberg 21227 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, ar unknown) 216-16-4378 Mr. Edward W. Haller, 1238 Leeds Terrace ar remayal, 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial transit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO -O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R FD. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 220. I certify that (I) (this pospital) attended the deceased from / /////) and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased alive oncouses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. director, page 3 shauld be filed v PHYS 22e. ADDRESS 22d. PHYSICIAN'S Dr. George E. Groleau NAME (Type) 5608 Main Street, Elkridge, Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) 3-13-1968 Baltimore, Maryland Baltimore National Cem. BURTAT. 24. FUNERAL DIRECTOR **ADDRESS** 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 Howard H. Hubbard, 4107 Wilkens Ave. 21229



MARYLAND STATE DEPARTMENT OF HEALTH 35708 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 12 13 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. 24 hours after death in by the funeral rs Pages 1 and 2 hours after death (Type or print) Manth 60 M #illian C Harple 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE fin years IF LINDER 1 YEAR IF UNDER 24 HRS OAYS HOURS last birthday) Cau. Temale. 12-29- (1890 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Balto. Md. Baltimore U.S.A. WIDOWED TX DIVORCED signed by the attending physician ond completely filled buriol-transit permit. Then please remove cathon page 10 CITY OR TOWN OF DEATH 120 USUA, OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Farkville Housewife buriol, cremation, or removol, ond in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY EMITS? 13e. STREET AND NUMBER law requires that the death certificate be executed admission) STATE 13b COUNTY YES 🗀 NO 🗔 1818 Forrest Road Farkville 14. FATHER S NAME 15. MOTHER S MAIDEN NAME First First Middle Last Middle Paul Gahs Fannie Unverzagt 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 216-10-1128T Mrs Viola Grimm 1819 IB. CAUSE OF DEATH (Enter only one cause per lips fbf (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR Page 4 may be retained by the hospital or othending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED THE TERMINAL OF SEASE OR CONDITION TO VEH LIKE PARE LIKE) 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month-Day (If either, natify medical examiner) P.M. AT HOME, FARM, STREET FACTORY, 1 21F LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1960, ta 1960, 1960, that (I) (we) last saw the deceased alive an 1960 and that in (my) (ayr) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22V SIGNATURE 22c DAJE SIGNED MED DIRECTOR STAFF PHYS. DEGREE 21d. PHYSICIAN'S 22e\_ADDRESS 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote REMOVAL (Specify) Western Cemetery daltimore .dd. Co. 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b REGISTBAR'S SIGNATURE VR A15 (4) 30M REV. 1768



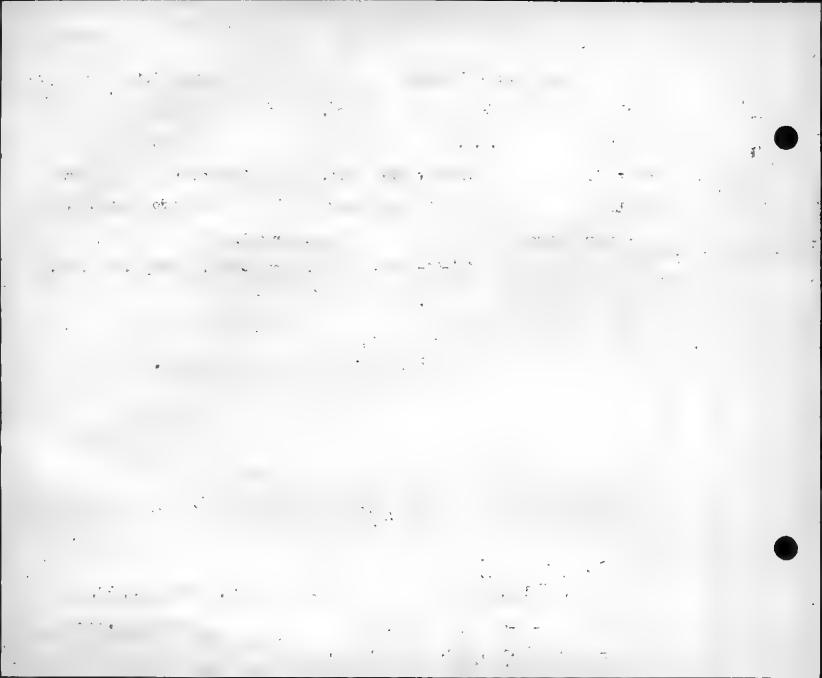


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 000000 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b. HOUR deoth. (Type or print) ANNA DENSON HATCHER 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F JNOER 1 YEAR IF UNCER 74 HRS requires that the death certificate be executed within 24 hours after last birthday) 88 Female White Oct. 6.1879 hours ( 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Virginia physician and completely filled in DIVORCED [ WIDOWED TY U.S.A. Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)

Baptist Home of Md. during most of working life, even if retired.)

Homemaker INDUSTRY corbon Owings Mills Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE

Maryland 13b. COUNTY YES 🕎 3824 Tudor Arms Ave pleose remove Baltimore signed by the attending physician ond co buriol-tronsit permit. Then please remov buriol, cremation, or removal, and in any a 14. FATHER S NAME First 15. MOTHER'S MAIDEN NAME First Lost Richard Denson Anna Graville 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If was give war or dates of service) the attending physical transit permit. Then p Baptist Home of Md. 174-01-0755 Owings Mills. Md 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Canditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t hos been J. 5 デス 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) PM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark , 1965, to Mar 21, 22a. I certify that (1) (this haspital) attended the deceased framework. 1) (a.c. 2-1 19 (5) and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an\_ Page 4 may be retoined director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE/SIGNED DEGREE PHYS. PHYS. DIRECTOR 22d PHYSICIAN'S 22e, ADDRESS NAME (Type) 5820 York Rd. Baltimore. Md. should 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify)
Cremation Green Mount B. Itimore. Maryland 250 RECH BY REDISTRIG 68 256 ALGISTMENT SCHOLAT 24 FUNERAL DIRECTOR ADDRESS 30M REV. JK68 Mitchell-Wiedefeld 6500 York Rd.

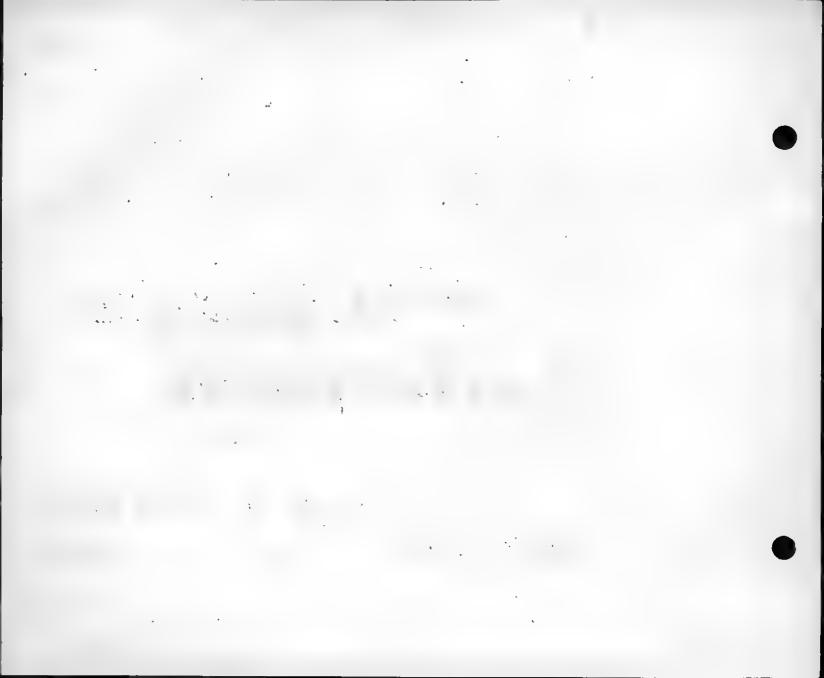


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle lost and 2 death 2a DATE OF DEATH 2b HOUR low requires that the death certificate be executed within 24 hours after death and (Type or print) XX W. Harry Hazelip March 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 6 last birthday) HOURS 12-6-104 03. Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) signed by the allending physicion o≡d com∥etely filled if buriol-transit permit. Then please remove corbon papers buriol, cremotion, or removol, and in ony event, within 72 h Maryland U.S.A. Baltimore WIDOWED [7] DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) St Joseph Hospital ing metired harto Dealer Dourse Towson 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER Maryland 13b COUNTY 4708 Harford Rd. YES 🔽 NO 🗀 Baltimore 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Margaret ? Edwin Hazelip 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, wyunknown) 218-32-0746 Mrs. Sarah R. Hazelip (Same) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) hypertensive arteriosclerotic cardiovascular nse ta immediate cause (o), disease DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying cause Uremia and anemia due to benign nephrosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OF INNERAL DIRECTOR: After this mrititote los been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 11-12 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔼 NO 🔲 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d INJURY OCCURRED
While Nat while
at wark 21e PLACE OF INJURY (AT HOME EARM, STREET, EACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State 22a. 1 certify that ()K (this hospital) ottended the deceased from 3-9-68, 19-68, ta 3-10-, 19-68, that ()K (we) last saw the deceased alive an 3-10-, 19-68, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR March 11, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Ines Cilliani, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (State) Parkwood Cemetery REMOVAL (Space) Ba Itimore, Md. 1968 REGISTRATESIONARE 24 FUNERAL DIRECTOR
Loonard J. Ruck, Inc. Balto.Md. 21211

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First deat Menth (Type or print) and 968 HEDGER JOHN March burial, crematian, ar removal, and in any event, within 72 haurs after IF JNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years The law requires that the death certificate be executed within 24 hours after last birthday) HOURS Page 4 may be retained by the haspital ar attending physician.

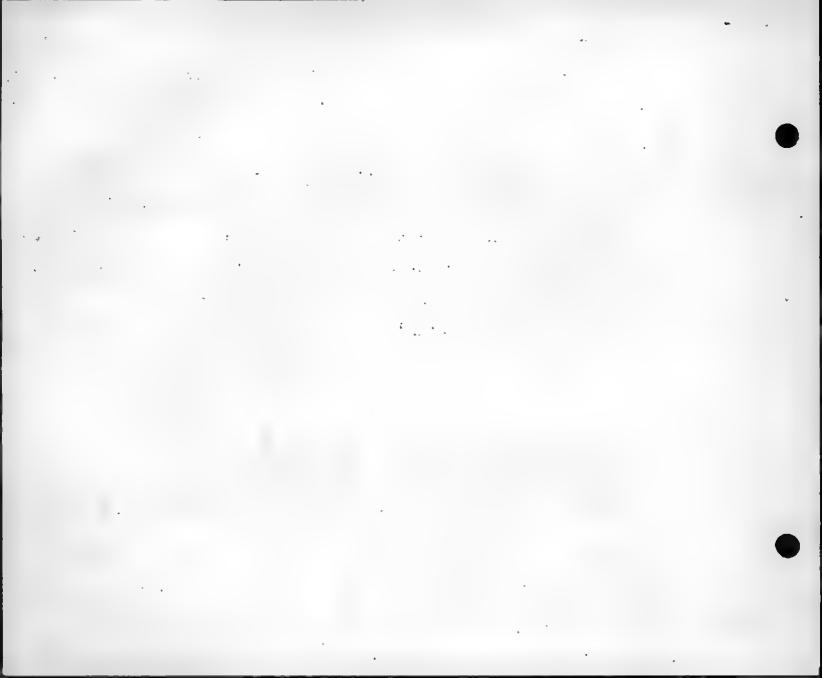
• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after Jan 31 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED (X) NEVER MARRIED country) Baltimore WIDOWED DIVORCED [ USA Μd 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during mast af warking ife, even if retired) give street address) INDUSTRY 2914 Cub Machinest Steel Parkville 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LYMITS? 13c. CITY OR TOWN admission) STATE 13b. COUNTY Balto NO X 2914 Cub Hill Md Parkville Middle 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First William Heiger Dorothea Kohler 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ocunknawn) 213-07-9012 Family records APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per tipe for (a). PART I. DEATH WAS CAUSED BY. Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN JODAN'S I(d) CERTIFICATION 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING SEATUSE OF DEATH HOUR A.M. Manth Dov (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ANT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town Stote County While Not while at work rended the deceosed from 1900, and that un my) (aur) apinian death accurred an the date and habrand from the 220. I certify that (I) (this hospital) saw the deceased alive on 190 d, and that causes stated above. (1) (we) Wild (thid not) giew the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) 9005 Harford raod Kasik M.D Frank 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 4-3/68 Baltimore Oaklawn Cem. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE-C.F.EVANS & SON 8802 Harford road 30M REV 3 668



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 035 CERTIFICATE OF DEATH DECEASED-NAME Lost 2o. DATE OF DEATH ત 2b HOUR law requires that the death certificate be executed within 24 haurs after death funeral l and (Type or print) Manth Day DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX es Œ, lost birthdov) MONTHS HOURS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED d in B country) WIDOWED DIVORCED [ physician and campletely filled NAME OF HOSPITAL OR INSTITUTION ( f not inchaspatal 12a USUAL OCCUPATION (Kind-of work done **TOWN OF DEATH** 12b KIND OF BUSINESS OR General during most of wastang life, eyen if refired please remave carban and in any event, witl 3a USUAL RESIDENCE-(Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d, INSIDE CITY/LHAITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY 14 FATHER'S NAME Middle IS. MOTHERS MAIDEN NAME First 16a WAS DICEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes give war or dates of service) 12 INFORMANT ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) permit. burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove to burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL the hospital ar attending has been - Uniciany 19o. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year á P.M (If either, notify medical examiner) detached ( AT HOME, FARM, STREET, FACTORY, ) 214, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Not while at work be retained by shauld causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYS DIRECTOR 22e ADDRESS NAME (Type) CESAR VALLE 76 Z 23a, BURIAL CREMATION. TRAME OF CEMETERY OR CREMATORY 23d. LOGATION (City of Town) (County) EMOVAL (Specify) 250. REC D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First. 2a. DATE OF DEATH 2b. HOUR (Type or print) Month NED G. HESS 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) DAYS MONTHS WHITE DEC. 18. MALE 1901 requires that the death certificate be executed within 24 hauss 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED KKNEVER MARRIED event, within 72 WIDOWED DIVORCED BALTIMORE BALTIMORE signed by the attending physician and completely filled burial-transit permit. Then please remave carban pape 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired ) PROFESSIONA 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13r CITY OR TOWN 38 INSIDE CITY 11MITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES CROSSLAND ROAD crematian, or remayal, and in any 14 FATHER'S NAME Last IS, MOTHER'S MAIDEN NAME FIRST Last ISAAC HESS SELMA EISMAN 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) CROSSLAND 212-09-4468A 18. CAUSE OF DEATH (Enter only one cause per line\_for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 1011 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Page 4 may be retained by the haspital HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this\_bespital) attended the deceased fram\_ 19.6%, and that in (my) (our) opinion death occurred on the date and haur and from the sow the deceased alive on\_ causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** filed director, page shauld be filed PHYS DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS NAME (Type) LOUIS SCHÄFFER 222 COLD SPRING 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) DRUID RIDGE BALTIMORE ROADSG REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 [4] Charles 30M REV. 1/68 LEVINSON & BROS. . 6010 REISTERSTOWN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

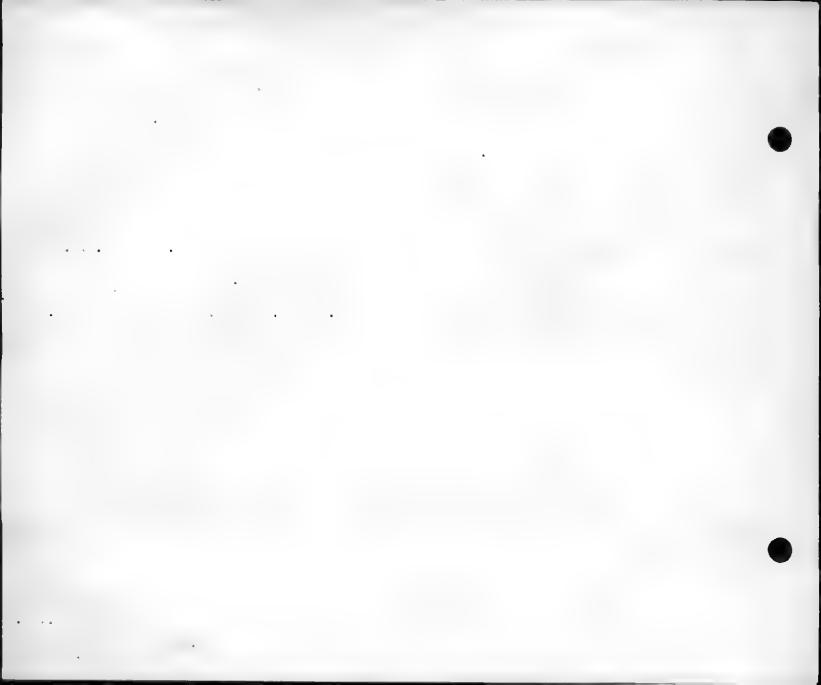
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Uni	415			CERTI	FICATE	OF DEATH			H"	3.4
1. PLACE O	V					2. USUAL RESIDENCE (V	Vhere deceased			fare admission)
u. coom	Bal	timore		AM	RYLAND	LANG.		b. COUN	" Dalvi.	ore
b. CITY O	R TOWN (If out	side corporate limits	,	c LENGTH OF STAY		c. CITY OR TOWN (If our	tside carparate	limits, write RUR	Al and give near	rest town)
		regrest town)		Life'.i.	.e		lle	منقة ود		
		R INSTITUTION (If no		· · · · · · · · · · · · · · · · · · ·		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
3	02Reisl	er stown 1	d., Pil	esville d	منظود	302 Reisi	ers low.	1 Road		YES NO NO
	print) 6	e07-98	CLev	Middle 186271d			4. DATE OF DEATH	Month	4 6	ογ Year 1968
S. SEX	6. (	OLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8	. DATE OF BIRTH	9 A	GE ( n years ast birthday)	IF UNDER 1 YEAR Manths Days	
	ale	White	WIDOWED	luvul	ED 🔲	Jan 27 18	1 7	5 Yrs		
100 USUAL 0 during most	CCUPATION (Giv of working life, e	e kind of work done ven if retired) .C PO LING	10b Kt	ND OF BUSINESS OR DUSTRY = LL -e:ploy	4	11 BIRTHPLACE (County &	_	**	12 CITIZEN COUNȚRI	( ?
13. FATHER		s reune	3u 36	err -erroro	/eu	Carroll 14. MOTHER'S MAIDEN N		e she	U.S.	A.e
101 77177211		liam Nes	3011				L. Luiv	r to re		
IS. WAS DE	EASED EVER IN .	S ARMED FOR (FS?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	me man	V T B. Addres	SS = 7 1 43.	ille o,id
(Yes, no, ar i	nknawπ) (if ye	s give war ar dates a	f service)		1500	. Lva II. ne	een 3	L KATC	ALACS V	Title Control
Condition rise to storing lost.	ins, if ony, who	ouse (a), DUE	(a) TO (b) TD	artans	- The s	Paratic A			and if	NTERVAL BETWEEN DIST AND DEATH OF THE STREET
ATION 4	700									9. WAS AUTOPSY PERFORMED? YES NO
OR CON	IDENT WAS JND RIBUTING I CA R, NOTIFY MEDI	(USE OF DEATH CAL EXAMINER)				Enter nature af injury in f				
2	p.m.	Manth, Day, Year 19	While of war	atwark L	facto	E OF INJURY (Hame, farm iry, street, affice bldg., etc.)		lity or town)	(Caunty)	(State)
21.	I certify the	nat (I) (t <del>his hos</del> i	<del>oita</del> l) attend	led the deceased	fram	, 1	9 <u>58</u> , to_	man 6	1968,	that (I) ( <del>we</del> ) las
		sed alive an	man	1963,	and that	death accurred at 7	745 0 M, 1	ram causes a		
22a S	GNATURE	Pa	ul K	Rouga	M.D		MED DIRECTOR	STAFF DHYS.	22b DATE 50	GNED
	YSICIAN'S AME (Type)	PEUL	H 7	20450		1403 Fole	4 62.7	e Pike	esvill	eMd.
23a BURIA.	CREMATION,	23b DATE THE		23c NAME OF CEN	METERY OR C	REMATORY	23d LOCA1	TON (City or Tax		
	AL (Specify)	larch	9,1950	Druid l	ridge	Cemetery	ril	esville		مندنر والما
24 FUNER	L DIRECTOR	151	/1/	ADDRESS	1:1	25a REC'D	BY REGISTRAS	OCO 256 PS	SISTRAR'S SIGNAT	URE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be ext Page 4 may be retained by the nospital or attending physicion.

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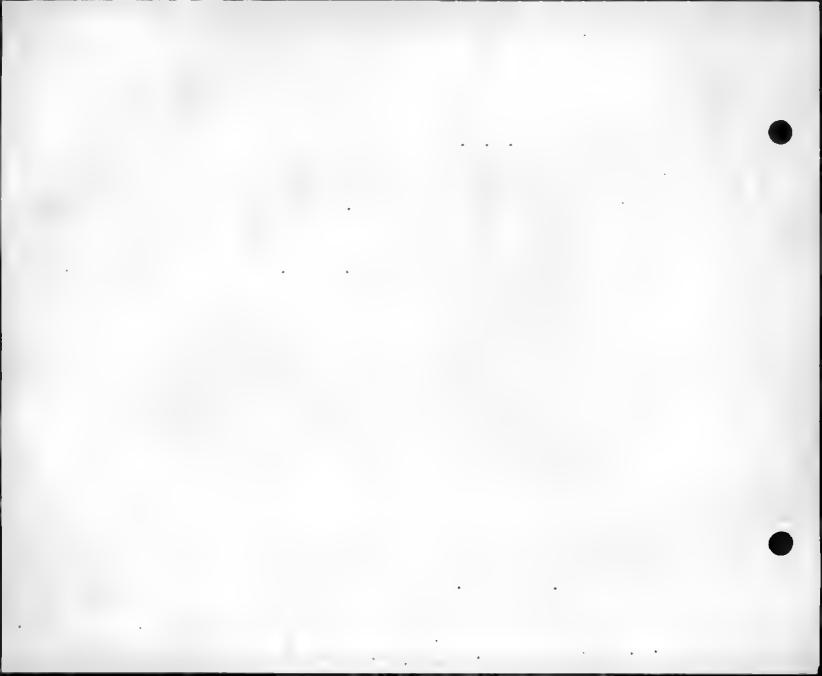
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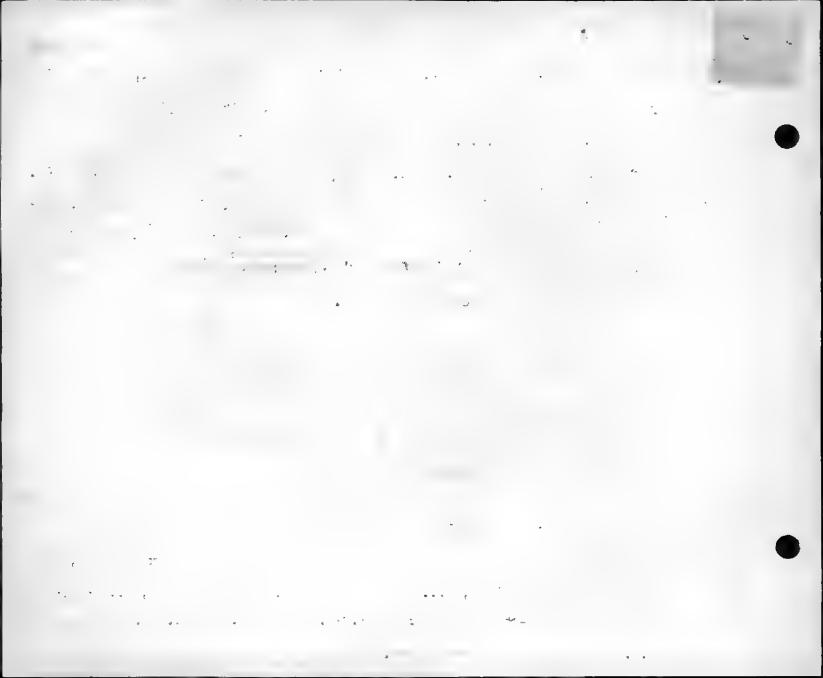
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33716 CERTIFICATE OF DEATH DECEASED-NAME M.ddle Lost 20. DATE OF DEATH 2b HOUR death. funeral s 1 and March 3, 1968 (Type or print) Grace May Hines 6; 35AN burial, cremotion, or removal, and in ony event, within 72 hours after 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost-bighdoy) Female White May 29,1888 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. 81RTHPLACE (Stote or foreign 8. MARRIED TI NEVER MARRIED Ohio U.S.A. Baltimore WIDOWED [ DIVORCED by the ottending physician and completely filled ronsit permit. Then please remove corban pape 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR : The fow requires that the death certificate be executed within during most of working life, even if retired.) Towson terian Home of 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before/ 13c CITY OR TOWN 3d. INSIDE CITY & MITS? 13e STREET AND NUMBER admission) STATE 13h COUNTY YES 3707 GREENMOUNT BALTO 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Last A.J. Hines Sarah E. Owens 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no ar unknown) (If yes give war or dates of service) 215-10-2036 A Presbyterian Home of Md 18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH EREBRAL Throm Bosis DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gave) ENERALIZED - ARTUNIOSCIENOSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause DIABETUS MELLITUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [ 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INLURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1968, to 1968, to 1968, to 1968, that (I) (we) last saw the deceased alive an 1968, 28 1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR directar, poge should be filed PHYS 22e ADDRESS 7 2 1 5 22d PHYSICIAN'S .J. Venable, JR NAME (Type) York Rd. Baltimore, Md. direct III, 23: NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b DATE (County) REMOVAL (Specify) 3-6-68 Woodlawn Woodlawn. Maryland ADDRESS Inc. 25a. REC D BY REGISTRAR -Wiedefeld Home, a VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR (Type or print) physician and completely filled in by the funeral en please, Pages I and en please Anna Gena Hoffmeister Manch within 72 hours after S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) MONTHS HOLES 8/9/1901 requires that the death certificate be executed within 24 hay-7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Hungary U. S. A. WIDOWED 🔽 DIVORCED [7] Baltimore 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of warking life, even if retired.) give street oddress) INDUSTRY TOWAGE Dulaney Towson Nursing Home Homemaken Dun Home 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY NO | 30 Over Ridge Cours Balto. 14. FATHER S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Lost Anna John Gera 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 21210 17. INFORMANT Address Yes, no. or unknown) Hawthorne Rd Hrs. Helen 18. CAUSE OF DEATH (Enter on y one couse per ling for (a), (b), and (c)). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCES OF Conditions, if ony, which gave ) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been as the 7/6 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO V 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY ī OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work Mul 16 1966, to March 1 1968 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased glive an march 1968, and saw the deceased alive an. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (wet (did) (did not) view the body after death. 22b SIGNATURE/ 22c DATE, SIGNER ATTENDING Meuller director, page should be filed PHYS DIRECTOR 22d PHYSICIANS 22e ADDRESS Dr. Laurence C. Post 6805 York Road NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23g BUR AL, CREMATION, (County) (State) REMOVAL (Specify) Zion Evangelical Lutheran Stemmers Run, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Sons Co. 30M REV 1768



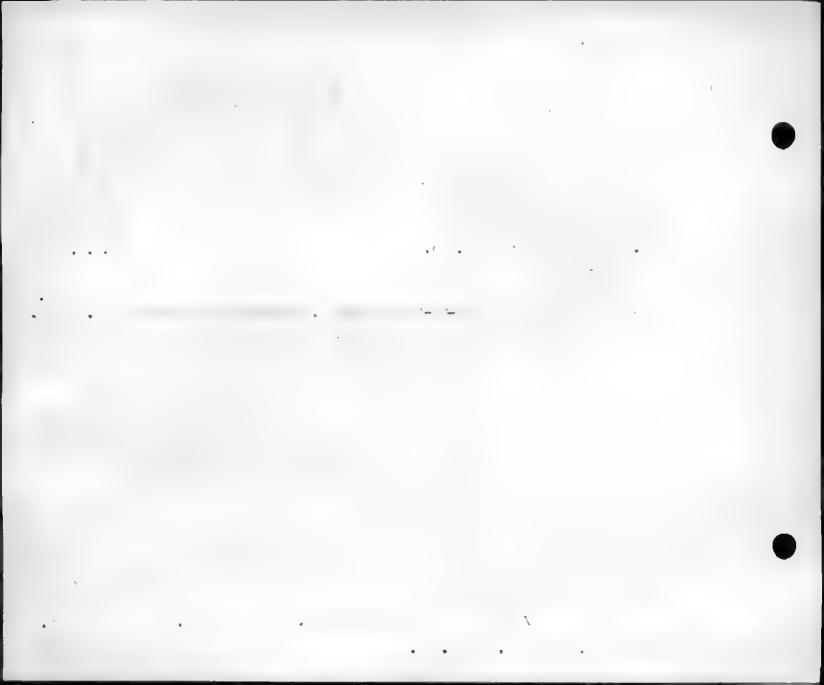
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b HOUR First (Type or print) 1968 funerol B. HOLLEIN MARCH LEO pleose remove corban papers. Poges 1 if, and in any event, within 72 hours after S. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last buthday) physicion and completely filled in by the WHITE OCTOBER 13. 1915 MALE requires that the death certificate be executed within 24 hours 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED AT NEVER MARR ED U.S.A. BALTIMORE PENNSYLVANIA WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street andress) WARTIN CO. TOWSON 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUNITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 453 PUTTY HILL AVE. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Catherine Kubsie 1453 Putty Hill Av Adolph Hollein 16b. SOCIAL SECURITY NO. NFORMANT Marguerite Mrs. Margarotoxiollein 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANT Yes, no. or unknown) 1944" 1945" 206 033 #434 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MYOCARDIAL INFARCTION motion, or IMMEDIATE CAUSE (a) :\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO: USe by the hospitol or 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 힏 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) be detoched 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County White Not while at work 220. I certify that (1) (this haspital) attended the deceased fram MARCH 17, 1968, to MARCH 21, 1968, that (1) (we) last sow the deceased alive an MARCH 21, 1968, and that in (xxx) (our) opinion death occurred an the date and haur and from the be retained director, page 3 should should be filed with the couses stoted obove, (f) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. MARCH 21, 1968 PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 YORK ROAD ISMAEL JAMORA, M.D. 23a. BURIAL, CREMATION, ISMOVAL (SEACITY) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE Dulaney Val. Mem. Garden Com. Balto. Co. Maryland 3-23-68 ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Jelisylas Wm.E.Johnson. 8521 Loch Raven Blvd. 21204 30M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1)		35719	MEDICAL EXAMINER	S CERTIFICATE OF D	EATH	121
EALTH DEN	Υ		COUNTY Ballen	MARY_AND	a STATE mercy	deceased lived, if institution R	Bulto
E 25			o CiTY OF TOWN (I outside carparate limits, work FURAL and give acousticoon)	c LENGTH OF STAY IN 16	100	orporate I m ts write RURAL ar	d give nearest town)
arn It day Pages 1, 2, a th farm PM State Depart			30 26 Morelan	in haspita, give street address)	d STREET ADDRESS	ille m	e \$ RESIDENCE ON A FARM? YES NO [
we have			VAME OF SECTASED GERRY.  Type or print) GERRY.	E MA Ceuln	Hope &	ATE Month FEATH Month	
n 18. ce alc		S .	Mace White	MARRIED NEVER MARRIED DIVORCED	B DATE OF MRTH  4-10-86	last byrthday) Mor	
s o s o s o s o s o s o s	1	Ri	USUAL OCCUPATION (G ve kind of wark done in most of working the even if retired)  To Road Inspector Ba	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	aign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
w thin 24 percil in xaminer's ile pages			FATHER S NAME UNKNOWN		14 MOTHER'S MA DEN NAME UNKNOWN		
ol in F		IS (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dates at se	16 SOCIAL SECURITY NO L. 213-05-8928 A Ja	ne J. Everhart	Address 3026 Moreland	Md. Ave. Balte.
			18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g).	per line for (a), (b) and (c))	leste Car		INTERVAL BETWEEN ONSET AND DEATH
the the			4129 DUE TO Conditions, if any, which gave )				melit
ing the ded to as a bi			rise to immediate cause (a), stating the underlying cause (c)	)			
e, writ farwar farwar noval, a	·	ATHON	PART II OTHER S GNIFICANT COND TIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COND TION	GIVEN N PART 1(a)	19 WAS A TOPSY PERFORMED? YES NO
ertificate, ertificate, ould se fo		CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	206 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I	or Port II of ,tern 18.)	Tourne Co
e the ce sho aur file aur file aur file ematian		MED CAL	20c TME OF NJURY Manth, Day, Year Haur a.m. p.m. 19		PLACE OF INJURY (Hame, tarm actary, street, office bldg , etc.)	20f (City ar tawn)	(County) (State)
Pag ary R.P.P.			21. I certify that I taak charge a	af the remains described above,	hela an Autapsy 🔲 , 🛮 Ins	pectian Inquiry	and in my ap no
e ex ttar ied f			aeath resulted from Natural c	causes 🖳 Accident 🔲, S	uiciae 🔲, Hamicide 🔲,		22/18
oleas direction etain DIRI			ACTUAL SIGNATURE SIGNATURE SIGNATURE	re	CHIEF MEDICAL EXAM.  ASSISTANT MEDICAL EX		22. DATE SIGNE
ssary. I fumeral ay be r INERMA			EXAMINER'S NAME (Type)	Fyle	DEPUTY MEDICAL EXAL Address (Street, city,	MINER D	7 Belen Rel
the the seal of th		23a	BURIA CREMATION 236 DATE THERE	68 23c NAME OF TEMFTERY C	or (rematory 23	Balto.	(County) (State)
VR A 15ME 3	0		FUNERAL DIRECTOR	Balte. Md.	250 MAR BY 2	2 18 1968 250 JULE	ARS S. NATURE

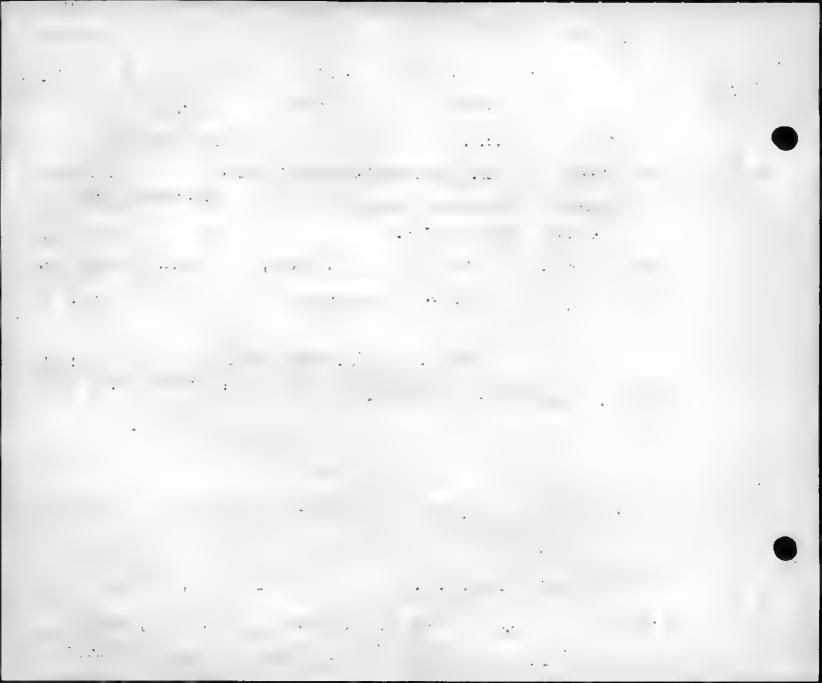


CERTIFICATE OF DEATH

1				CLIVIII	IICAIL VI	PLAIII						
	DECEASED NAME (Type or print)	First ANDREW	Middle JAMES		Last HOPPER	, 5 R	20. DATE OF	DEATH Month	26	68	2b. HOUR	
3. 9	SEX	4 RACE	O.H. IA.O		S DATE OF			6. AGE (In year		UNDER 1 YEAR	4:50A M	
L	MALE		WHITE		5/4			lost birthday)		NTHS DAYS	HOURS MIN.	
	BIRTHPLACE (State or f		F WHAT COUNTRY?		IED NEVER MA	AKKIEU	9. COUNTY OF					
_	CITY OR TOWN OF DEA		S.A.  NAME OF HOSPITAL OR	WOOTHTTEN		ORCED 120 USIA		ORE COU		12h KIND OF	BUSINESS OR	
	FORT HOWAR	D y	ET ADMINE	TRAT	ION HOSP	Tr during Th	ROKER Ing	life, even if retir	ed.) R	EAL E		
	USUAL RESIDENCE (WE Pression) STATE MARYL	AND 13b COUN		· ./	Y OR TOWN  BURNIE	YES NO		O EDGER		OAD		
14	FATHER S NAME F	rst Midd	le Lost IARD HOPPI	CR	IS. MOTHER S	MAIDEN NAME F	EVELYN	Midd		unkn	last own)	
	WAS DECEASED EVER Yearne or unknown)	IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT 220 03 11		7 INFORMANT CLIN.RE	CORDS,	VA HOSE	PITAL, F				
		H (Enter anly ane cause p NAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and ( ACUTE HEMOF	c).) PRHAGE	E, MASSI	VE		_			MATE INTERVAL DISET AND OEATH	
		DUE TO,	OR AS A CONSEQUENCE C									
	Canditions, if any, w	ause (a), ( (b),										
	stating the underlying cause lost  Out TO, OR AS A CONSEQUENCE OF ARTERY, DUODENAL ULCER										UNKNOWN	
2	CHRONIC E DISEASE	HALONDION DAY BENIGN PROS	RELING TO DEATH CHE			<b>USELER</b> O	SHATSON CHAN	TERTOSC	LERO	TIC H	EART	
CERTIFICAT O			R WHICH OPERATION WAS				CALICES	YES, WERE FINDI OF DEATH?	NGS CONS	IDERED IN C	ERTIFYING	
MEDICAL CER		CAUSE OF DEATH HOUR	AE OF INJURY A.M. Month Day Ye P.M.		c. HOW INJURY C	CCURRED (Enter	r nature of injur	y in Part I ar Po	ort 2, Item	1 18.)		
ME	21d. INJURY OCCURR While Nat while at wark	ED 21e PLACE OF INJU	JRY (AT HOME, FARM, STREET OFFICE BUILDING, ETC	FACTORY,) 21	f. LOCATION Sir	reet ar R.F.D. No.	City	ar Tawn	(	County	State	
	SUM IIIE UE	at (IX(this haspital) ceased alive an— ed above, (IX (we) (i		_!/	VIII HIVI HIT	68, 19 my) (our) opi	, ta <u>3/2</u> nian death a	ccurred on the	, 19 ne date	, that and hour	ond from the	
	22b. SIGNATURE	heilm l	reison	MR	DEGREE PHYS		AED.	STAFF PHYS.		t signed 26/68		
	22d. PHYSICIAN'S NAME (Type)	NEILON NEII	SON, M. D.		22e. Al	VAH FOR	T HOWAR	D, MARY	LAND			
230	BURIAL, CREMATION,	23b DATE/ 3/29/			OR CREMATORY EN CEMET	ERY		N (City or Town) BURNIE		(County)	(State)	
24.	FUNERAL DIRECTOR	Horney	SINGLE	I'ON F	UNERAL H	HOME RECT B	Y REGISTRAR	25b. REGIS	BARS YO	NATHURA	ge	
_												

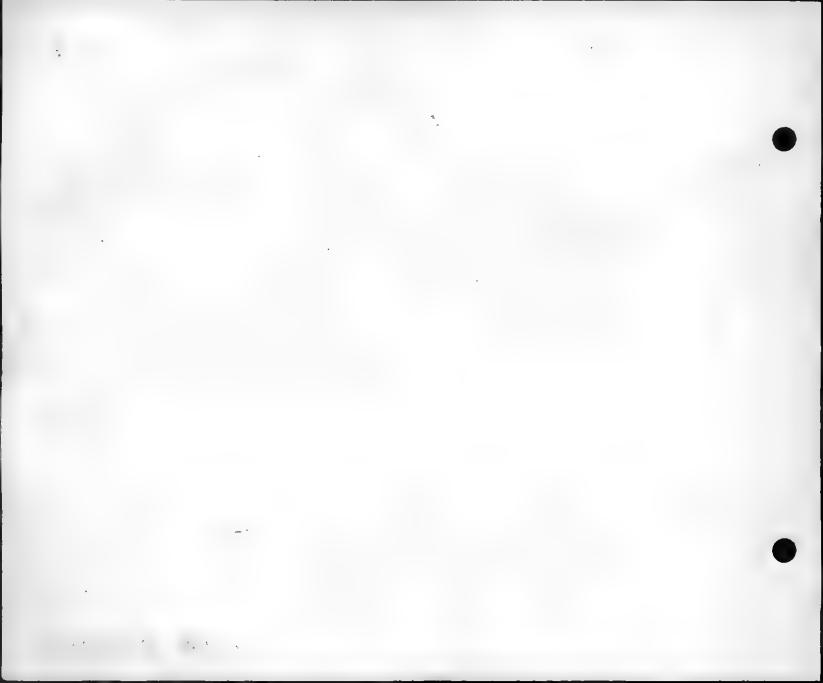
and 2 deoth. hours after deoth Brai **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely **WHAC** identity, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, withth 72 77 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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death neral ond deoth			PLACE OF DEATH O. COUNTY  By IT is a serious of maryland  2. USUAL RESIDENCE (Where deceased inved, if institution of state of the serious of the county of	
fre the		1	b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL or	nd give negrest town)
WE BE			write RURAL and give nearest lown)  (21045 VIII + House 145 Wood (22 and 1)	3.1.0 100.101
2 S S S S S S S S S S S S S S S S S S S			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
in Seed 24	90	H	Louse in The Pines Nursing Home 5412 Guynndale 17	Vehre YES NO X
ely title bon pa	. 2		NAME OF FIRST Middle Lost OF Month OF CIPPE OF DEATH 120-Ch	Doy Year
# F +	1	5 :		UNDER 1 YEAR IF UNDER 24 HRS
xecut com nove ny ev	*	3 .		onths Doys Hours Min.
that the deoth certificate be executed and.  by the ottending physician and completeronsit permit. Then please remove corticematian, or removol, and in ony event,		10o dun	SUSUAL OCCUPATION (Give kind of work done ing most of working Me, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)  INDUSTRY  West a coster factory  West a coster factory	12 CITIZEN OF WHAT COUNTRY?
ricote Asicio plea plea plea		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-83 ////
ertif phy hen novo			John Tyson Augusta Brea	7
he death certific e attending phys permit. Then tran, or removal		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address as, no, or upknown) [(If yes give wor or dotes of serv.ce)	110
dec otten ermi			NO K15-16-1100 8/13. HAM Since 5 4/2 Ouryn	ndile HYPHAI
that the deoth certifican.  by the ottending physicansit permit. Then pl			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY.	ONSET AND DEATH
ian. I by the tronsit cremar			4127 IMMEDIATE CAUSE (0) Myserus deal Deempinaalson	7.60.7.7
equires physic signed burial- burial,			Conditions, if ony, which gove is to immediate cause (a), (b) Chr. anteriorgelinolic Candio Yasculas Traces	1 Jan.
req ng pa ns ne to bu			sto line underlying couse tost. (c)	2
endi endi s be os ti			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY
The orthographic transfer of the orthographic use	1.	ATION	4221	PERFORMED? YES NO
CIAN it of hit for the of He		CERTIFICATION	20o ACCIDENT WAS UNDERLYING (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH	
hosp cer cer other			(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town)	(County) (State)
IG PI The Pr this		MEDICAL	Hour o.m. While Not While foctory, street, office bldg., etc.)	
ed by After Id be Sto			21. I certify that (I) (this hospital) attended the deceased fram 1/-/7, 1967, to 3-26 saw the deceased glive an 3-25-1968, and that death accurred at 11.200M, from causes and	, 1968, that (I) (we) la
ATT foin foin shou			720. SIGNATURE	22b. DATE SIGNED
OR / be re OIREC			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3-28-68
	descript to		122c PHYSICIAN'S NAME (Type) Wilmer & Ballager, M.D. 6209 Frederich Ser. Balla	mr. 12/2/2/22
HOUNGE THE PROPERTY OF THE PRO		230	o BURIAL CREMATION. 236 DATE THEREOF! 23c NAME OF CEMETERY OR CHAMATORY 23d OCATION (City or Town)  REMOVAL (Specify) 3/39/68 Holy Cross Competery  Billimere	(County) (State)
F F			FUNERAL DIRECTOR ADDRESS How , Inc. 25a, RECD BY REGISTRAR 25b, REGIST	RAR S SIGNATURE
VR A15 (4) 25M 1/67		(	1501 EAST FORT AVENUE DANIAN 28 1000	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2a DATE OF DEATH 2b. HOUR DECEASED-NAME First death. requires that the death certificate be executed within 24 hours after death uneral and MARCH Month (Type or print) HUNTLEY 1968 THERLOW 10 3:55AN 6. AGE (In years IF UNOER I YEAR HE JNOER 24 HRS 4 RACE S. DATE OF BIRTH 3. SEX last birthdoy) HOURS MALE **NEGRO** 4-1-23 44 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIEDXX NEVER MARRIED "NORTH CAROLINA U.S.A. BALTIMORE WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR 10. CITY OR YOWN OF DEATH during most of working life, even if retired)
LABORER ALUMI NUM FORT HOWARD ADMIN, HOSPITAL 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before J3c CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b COUNTY YES -BALTIMORE 1645 CHILTON STREET any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost First Middle CULL CONNIE PARKER HUNTLEY edse 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) CLINICAL RECORDS VAH. FORT HOWARD WW 245-28-2977 APPROXIMATE INTERVA r the attending parties that the 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) -BETWEEN ONSET AND CEATH PART I DEATH WAS CAUSED BY MONTHS PULMONARY EDEMA þ IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremativ Conditions, if ony, which gave ) MYOCARDITIS CHRONIC WITH MURAL THROMBI 1 YEAR rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BRONCHOPNEUMONIA has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES KOK YES NO [ O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M ( AT HOME, FARM. STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 2)e PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (X (this haspital) attended the deceased from DEC. 7, 1968, to MARCH 10, 1968, that (we) last saw the deceased alive an MARCH 10, 1968, and that in (MARCH 10) applicance death accurred an the date and haur and from the be retained ed with the S causes stated abave (we) (did) (we) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS 3/11/68 DEGREE PHYS directar, pare 22d PHYSICIAN'S 22e. ADDRESS -NAME (Type) JOHN D. TALBERT. VA HOSPITAL, FORT HOWARD, MARYLAND M.D. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BURIAL CREMATION, PINEV ROVE N. Central Ave. 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 [4] 30M REV. 1/68 Baltimore. Md. LockSFuneral Home





			DIVISION OF					RE, MARYLAND 2120	01	
		05724			CERTIFIC	ATE OF	DEATH			136
A José		CEASED-NAME First		Middle		Last	20	DATE OF DEATH		2b HOUR
death death	[ (1	ype ar print) Joh	и	Α.	Inc	lis		March March	9 1968	335 M
	3. SE		4. RACE		- 700	S. DATE OF B	IRTH	6 AGE (In year last birthday)		IF UNDER 24 HRS.
# # \$ # W	1	М		(U		4/5/1	888	last birthday)	YRS. MONTHS DAYS	HOURS MIN.
by Pours		SIRTHPLACE (State or fore gn	7b. CITIZEN OF WH	IAT COUNTRY?	8 MARRIED	NEVER MAI		DUNTY OF DEATH		
ers.	canı	Canada	u. s.	Α.	WIDOWED	DIVO	RCED 🗀	Baltimor	0	Md
hin 24 hours filled in by n popers. Pe	10. (	ITY OR TOWN OF DEATH	11 N/	IME OF HOSPITAL OR IN	STITUTION (If n	iat in haspital	12a USUAL OC	CUPATION (Kind of work i	one 12b KIND O	F BUSINESS OR
law requires that the death certificate be executed within 24 hours after nding physician. been signed by the attending physician and completely filled in by the fust the burial-transit permit. Then please remove carban papers. Pagestiar to burial, cremation, or removal, and in any event, within 72 hours after	1	Towson	give s	treet address)	Josex	oh's	Trassic l	f working life, even if retu Manager-Free	oht West	Nd RR
d w forb	13a.	USUAL RES DENCE (Where deceas					13d, INSIDE CITY LIMITS?	13e STREET AND NUMBE	R	THE A IN IN
omp ve «	odm	ssian) STATE Md.	13b. COUNTY	U	Balti	maha	YES NO 🗌	4118 West	view Road	
d co	14.	ATHER S NAME First	Middle	Last			AIDEN NAME First	Midd	lle	Lost
be ex ond e rem in an		William		Inglis						GROSSer
ertificote be physicion c nen please ioval, ond ir		WAS DECEASED EVER IN J.S. ARN	IED FORCES?	16b. SOCIAL SECURITY	NO. 17 I	INFORMANT		Addre	ess	
in the second se	,	es, na, ar unknown) (It yes give w	or ar dates of service)	105-10-452	4 N	Irs. Don	othu A.	Inglis	(Same)	
equires that the death certificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remove carban burial, cremation, or removal, and in any event, with		18. CAUSE OF DEATH (Enter an	ly ane couse per lir	ne for (a)? (b), and (r)	11	/ .	1. 2	1.10.1.	APPRO BETWEEN	KIMATE INTERVAL ONSET AND CEATH
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ot the death cer the attending F nsit permit. The mation, or remo		Canditions, if any, which gave	(6)	22 44	tell	LLAY	WEY L	MALL FEE	197 V	fill of.
s that the cian. d by the l-tronsit		rise to immediate cause (a), ( stating the underlying cause (	DUE TO, OR A	S A CONFEQUENCE-OF	-,,			14	100	3-11-11
equires tho physician. signed by buriol-trom		last. 4500	(c)	10	06	J.			2 02	July
aurign ourign		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBE	TING TO DEATH BUT N	OT RELATED TO	O THE TERMINA	AL DISEASE OR COND	TION GIVEN IN PART I(a)		
ng l	22	(a 0	1 // //	E87 70	EXC.					
The law rate of the law rate of the law rate of the har been rate os the harior to	ATIO	19a. DATE OF OPERATION 196.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20o AUTO	PSY?	20b IF YES, WERE FINDS	NGS CONSIDERED IN	CERTIFYING
The office of the has	CERTIFICATION	l l				YES [	NO ₩	CAUSES OF DEATH?		
ate or eotil		21a ACCIDENT WAS UNDERLYIN				OW INJRY OC	CURRED (Enter nat	are of injury in Part 1 or Po	ort 2, ftem 18.)	
Dittely by the state of the sta	MEDICAL	DR CONTRIBUTING CAUSE OF CEAT		Manth Day Year 1						
PHYSICIAN: he hospital or this certificate letached for u Dept. of Heal	ME	214 INDIBY OCC DRED   216		AT HOME FARM STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f LC	OCATION Stre	et or R.F.D. No.	City or Tawn	Caunty	State
the he letter the De De		While Not while at work		The solution, i.e.				13/0	6-6-	
by the feet of total		22a. I certify that (1) (the	s haspital) atte	ended the deceas	ed fram_	141	00,19	, ta	, 19 <u>40</u> , the	at (I) ( <del>we</del> ) last
Pe Sed Les		saw the deceased a couses stated abave	ve on S	did notifice the	body ofter	d that in (m	ny). <del>(our)</del> apinioi	n deoth occurred on th	ne dote and hou	r and from the
ATTENDING stained by the CTOR: After should be d		22b. SIGNATURE	,,(I) (Wey (ulu)	(didawet) view the	BUCY GITE	dediii.			224, DATE SIGNED	/
OR John Per		Let like to	2 /11	x. 2/41	Ty DEGI	REE PHYS	NG MED DIRECT	TOR STAFF	17/6/	6.t.
V by		22d. PHYSICIAN'S		1-1-	7 500	22e. AD		TOK — 11113. —		
PITA mo iRAI be			alter E.	Karkain			31 Harfo	rd Road		
Poge 4 moy be retained by the hospital or ottending of FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	23 a	R IDIAL CREMATION 23h		23c NAME OF	CEMETERY OR			d LOCATION (City or Town	) (County)	(State)
FO HOSPITAL OR ATTENDING Poge 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 shauld be dised with the State		REMOVAL (Specify)		Baltir				Baltimore.	,	Md.
VR A STOWN	24	FUNERAL DIRECTOR	12/68	ADDRESS		1	25a. REC'D BY RE	GISTRAR 25b REGIS	PAR S SIGNATURE	A m E
30M REV 168		H. W. Tonbins &	Saus Co	4700 YO	rue koal	4	DATE MAR	1 1 1668 🚜	married &	ungi



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03767 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Andrew Smith Jackson 4 RACE S. DATE OF BIRTH F UNDER 1 YEAR 3. SEX 6 AGE (In years lost birthdoy) MONTHS physicion and completely filled in by the 10/27/1880 7h CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED country) Balto. please remove carban popers. If, and in any event, within 72 ha U. S. A. WIDOWED 13 DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Dulaneu Towson during most of working life, even if retired)
Retired-Salesman Co INDUSTRY Towson Continental 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c City OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY BALto Co. admission) STATE YES Balto. 21212 210 N. Turone Road and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Joseph Jackson Dimand Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) [If yes give war or dates of service] 1 Same 012-03-4566 signed by the attending phy burnal-transit permit. Then APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l 4506 O FUNERAL DIRECTOR: After this certificate has been 19g DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? CAUSES OF DEATH? YES 🗌 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21¢ ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Yeor (If either, natify medical examiner) 21d N.J.RY OCCURRED
While Not while 218 PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No City or Town County Store at work of work 22a. I certify that (I) (this baseline) attended the deceased from (M2, 1968, to March 20, 1968, that (I) (we) last saw the deceased alive an March 30, 1968, and that in (my) (our) apinian death occurred an the date and have and from the causes stated above, (I) (we) (did not) yiew the bady after death. 225 SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 22d PHYSICIAN'S 22e. ADDRESS Dr. Lawrence C. 6805 York Road NAME (Type) Post director, should 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) BUR AL CREMATION (State) ENTOMOTAL (Specify)
ENTOMOTION 1
24 FUNERAL DIRECTOR Woodlawn, Balto. Co., 3/22/68 Lorraine Park Mausoleum 250 REC D BY REGISTRAR & Sons Co. 4905 York Road 30M REV 1/68~ DATE MAR

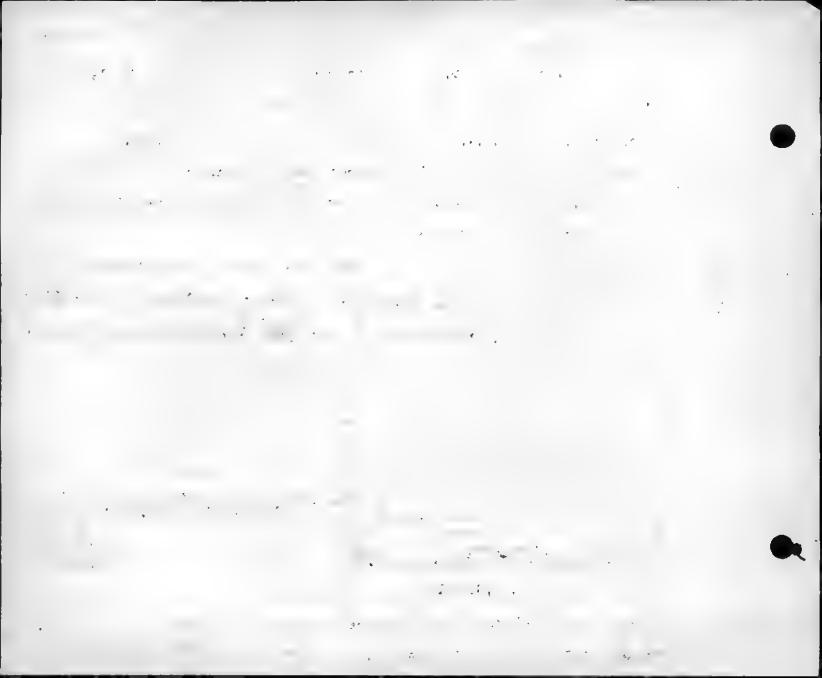


Item 5 Film G399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4/5/68 kk CERTIFICATE OF DEATH Lost Middle 2n. DATE OF DEATH DECEASED NAME 2b. HOUR death eral (Type or print) Clara 5. Jackson 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. transit permit. Then please remove carban papers. Pages 1 cremation, ar remaval, and in any event, within 72 hours after offer MONTHS DAYS HOURS 3/21/1877 White Female 7c BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and campletely filled in Baltimore, Md. U.S.A. WIDOWED IX DIVORCED [ Baltimore, Md 12a. USUAL OCCUPATION (Kind of work done TO, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 126 KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)

Homemaker give street address) INDUSTRY the attending hysician and camprenery set bermit. Then please remove carban Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO TO 983 Fairmount Ave Baltimor Towson IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Peter Uttenreither Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no prunknawn) UNK. Madeline J. Gossman Fairmount Ave APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE for AS A CONSEQUENCE OF DUE TO, OF Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been see as the the prior to the by the haspital ar attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO IT for use Health O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) detached 21d INIURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 1 21f LOCATION Street or R.F.D. No. County State City or Town While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on March 31968, and that in (my) periopinion death occurred on the date and hour and from the O HOSPITAL OR ATTENI Page 4 may be retained causes stated above, (1) (We) (did) (did ext) wew the body after death 22c. DATE SIGNE 22b SIGNABURE **ATTENDING** STAFF directar, page 3 shauld be filed v DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles F. O.Donnell 7501 York Rd 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23q. BURIAL, CREMATION, 23b. DATE (County) (State) PEMOVAL (Specify) 3/28/1968 New Cathedral Cemetery Baltimore Md 250. REC'D BY REG STRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Mitchell Wiedefeld Home 6500 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

30M REV. 1/68



1~1	• •	00727	DIVISION O	MARYLAN F VITAL RECORDS,			MENT OF H		LAND 21:	201			
	Item 23b Film G398 3/1º/6º kk CERTIFICATE OF DEATH									.04			
death.		CEASED-NAME First ype or print)	JESSE	Middle	JAM	Lost ES		20. DATE OF D	RCH	I <sup>D</sup> CY	1968	26 HOUR 2:45A	
s after death the funeral ages 1 and rs after death	3 SE	MALE	4 RACE	NEGROID		S. DATE OF B	25/94	6	AGE (In ye			IF LNOER 24 HRS HOURS M.N	
5 20 5	7a. E		7b. CITIZEN OF V	WHAT COUNTRY?	B MARRIED   WIDOWED	NEVER MA	RRIED (	9. COUNTY OF D	EATH BALT	INOR	E	Me	
		ORT HOWARD		NAME OF HOSPITAL OR IN:	OMIN.		Australia -	E OCCUPATION (K			126 KIND OF B INDUSTRY FT. HOL	USINESS OR ABIRD	
completely fills	13a	USUAL RESIDENCE (Where decease ssian) STATE MARYLAND	ed lived, if institu		13c, CITY OR BAL TI	TOWN	13d. INSIDE CITY LIN	AITS? 130. STREI	ET AND NUM	BER	OOD ST		
and co		ATHER'S NAME First THOMAS	Middle	JAMES Lost	15	MOTHER'S N	MAIDEN NAME FII	rst MARTHA	Mi	ddle		Lost	
ertificate by physician nen please noval, and i	160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 17. I	NFORMANT			Add	dress			
tifica shysi on pl val,	Y	es na orunknawn) (If yes give w	or or dates of service)	218-10-4	7-92	LINIC	AL RECO	ORDS, V	AH, F	ORT			
that the death certific an. by the attending phys transit permit. Then p cremation, or removal,		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSES		line for (a), (b), and (c) CARCINOMA		S STOM	ACH WI	TH META	STASI	S		ATE INTERVAL SET AND DEATH	
atter permi		1514	III CHOSE (0)	TAS A CONSEQUENCE OF								-0	
that than the an, by the cremati		Conditions, if ony, which gove) rise to immediate cause (a),	(%) DUE TO OR	TO THE I	YMPH	VODE A	ND LIV	ER			UNKN	OMM	
sician. sician. ed by al-tran al, crer		stating the underlying cause last. 15/2	(c)										
physical signed burial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  ARTERIOSCLEROSIS OF CEREBRAL ARTERIES: ARTERIOLAR NEPHROSCLEROSIS											
N: The law n ar attending ar attending ate has been ir use as the ealth prior ta	CERTIFICATION	ARTERIOSCLER 190 DATE OF OPERATION 19b.				ZIES: 20g. AUT	OPSY?	20b. IF Y			NSIDERED IN CER	RTIFYING	
YSICIAN: 1 aspital ar certificate hed far us st. af Healt	MEDICAL CER	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M	. Manth Day Year	21c. H	OW INJURY OF	CCURRED (Enter	nature at intury	in Part 1 or	Port 2, It	em 1B.)		
PHYSICIAN: ne haspital ar this certificate efached far u Dept. af Heal	ME			( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		CATION Stre	eet ar R F.D Na	City a	Town		County	State	
DING 1 by th After 1 1 be d		22a. I certify that (1) (the saw the deceased a causes stated above	is haspital) at live an <u>NAE</u> e, (); (we) (did	tended the deceas RCH 11 () (did ast) view the	ed fram_F 19 <u>68</u> , an bady after	EB. I d that in M death.	6, 19 My) (aur) apıı	<u>68</u> , ta <u>MA</u> nian death ac	RCH 1 curred an	1, 19_ the dat	68 , that is a and haur a	(#) (we) las	
		225. SIGNATURE Joke	) Ju	van	DEG	ATTEND SEE PHYS	ING M	ED IRECTOR	STAFF PHYS.		ATE SIGNED 3/11/68		
		22d. PHYSICIAN'S NAME (Type) PE	TER V.	JUVAN, M.	D.	22e. AD VA		AL, FOR			MARYL	AND	
ro Hospital Page 4 may To FUNERAL director, page shauld be fi	23a.	BURIAL, (REMATION, 23b) REMOVAL (Specify) BURIAL 3/	DATE 15/1968		ore Na	tiona	1 Ceme		(City or Tow Balti	more	(County) Mary	(State) land	
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	LIOME	638 N	.Gilmo	ore St	2Sg REC'D B'		2Sb REG	ISTRAR'S S		Lat	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2g, DATE OF DEATH DECEASED NAME First the ottending physician and completely filled in by the Tunedul sist permit. Then please remove carbon papers. Pages Lond 2 motion, or removal, and in any event, within 72 hours ofter death (Type or print) Manth odrey esKe 8:207 N March 10 4. RACE 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS S DATE OF BIRTH 3. SEX lost birthdoy) white MONTHS DAYS HOURS Male OZE YRS aquires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🗍 NEVER MARRIED 🔀 DIVORCED WIDOWED 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY State during most of warking life, even if retired ) give street oddress) (Where deceased lived, if institution, Residence before) 136. INSIDE CITY LIMITS? 13e. STREET AND NUMBER FONT HILL k13b. COUNTY YES 💢 NO T ond in ony Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle GENE 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) Yes, no, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) reumonia burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF spasms Conditions, if ony, which gove ) Infantile burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse rcephalomalacia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO NO USe 21g. ACCIDENT WAS UNDERLYING by the hospital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) O HOSPITAL OR ATTENDING PHYSICIAN: jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M detoched 21d INJURY OCCURRED 21s. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY, ) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while at work 220. I certify that () (this haspital) attended the deceased from 2/19, 1968, to 3/10, 1968, that ((we) last saw the deceased alive on 3/10, 1968, and that in (pay) (our) opinion death occurred on the date and hour and from the 3/10 Page 4 may be retained causes stoted abave, W (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE Koye director, poge 3 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS Kaye OWITASMI NAME (Type) Masso Rosewood state 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BUR AL, CREMATION 23b DATE REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1768 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Johnson

WIDOWED X

J3c. CITY OR TOWN

Baltimore

17. INFORMANT

Uremia and congestive heart failure

Arteriosclerotic cardiovascular disease

11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital

Middle

White

give street address St.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Day Year

216 TIME OF INJURY

HOUR A.M.

Samuel O'Marsky M.D.

Boothe

28-16-4475

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

New Cathedral

16b. SOCIAL SECURITY NO.

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

Middle

Henry

(If yes give wer or dates of service)

IMMEDIATE CAUSE (a)

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: Uremia and

CERTIFICATE OF DEATH

8. MARRIED NEVER MARRIED

Last

S. DATE OF BIRTH

July 17.

D VORCED

IS. MOTHER'S MAIDEN NAME First

Joseph Hospital Housewife even if retired)

3d. INSIDE CITY LIM TS7

Chat lotte

NO

YES 🗀

YES -

20a. AUTOPSY?

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No

City or Town County

State

2b HOUR

Year

12b KIND OF BUSINESS OR

Last

BETWEEN ONSET AND GEATH

Own Home

HE LINDER 1 YEAR

MONTHS

Watts

22a. I certify that (\$ (this haspital) attended the deceased from 2/20, 1968, ta 3/3/, 1968, that (\$ (we) last saw the deceased alive an 3/3/, 1968, and that in body (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 3/3/68 ATTENDING MED. DIRECTOR DEGREE

PHYS. 22e. ADDRESS

7620 York Rd. Towson, Md. 21204

2a. DATE OF DEATH

9. COUNTY OF DEATH

Milton F. Boothe, Great Mills.

12a USJAL OCCUPATION (Kind of work done

1892

March

6. AGE (In years

lost buthoay)

Baltimore

13e STREET AND NUMBER

302 Rossiter Ave.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

(County) (Stote)

ЬM

Baltimore

250. REC'D BY REGISTRAR 6 18

papers. Page hin 72 Hours o the attending physician and completely f sit permit. Then please remave carbon and in any event, or remayal, n signed by the attending burial-transit permit. I a burial, crematian, or ren as the priar ta Page 4 may be retained by the haspital at attention of FUNERAL DIRECTOR: After this certificate has been ad far use a be detached shauld directar, page should be filed

24 liours ofter dirath.

requim that the death certificate be executed within

13a. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) STATE Marvland 13b. COUNTY

DECEASED NAME

(Type or print)

Female

Maryland

William 16g, WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gave )

rise ta immediate cause (a),

stating the underlying cause

21g ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(If either, natify medical examiner)

19a, DATE OF OPERATION

21d INJURY OCCURRED

White Nat while at work

22b. SIGNATURE

22d. PHYSICIAN'S

23a BURIAL, CREMATION,

NAME (Type)

Towson

7a. BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

Yes, no or unknown)

3. SEX

country)

Estat

4. RACE

Nina

30M REV, 1/68

REMOVAL(Specify)
Burial 24 FUNERAL DIRECTOR Jenkins

23b. DATE

& Sons



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03730

CERTIFICATE OF DEATH

2n. DATE OF DEATH 2b. HOUR 5:30 pm 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) 9. COUNTY OF DEATH BALTIMORE COUNTY 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working Liggreen if retired) NONE 13e, STREET AND NUMBER 3d. INSIDE CITY LUMITS? NO ROUTE # I Middle Lost HURD **JEAN** Address OWINGS MILLS. MARYLAND BETWEEN ONSET AND DEATH 3 days

DECEASED-NAME JAMES ANDREW JONES (Type or print) 3. SEX 4. RACE 5 DATE OF BIRTH 3-18-67 WHITE MALE 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 8. MARRIED | NEVER MARRIED WIDOWED | DIVORCED [ MARYLAND U. S. A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital O CITY OR TOWN OF DEATH STATE HOSPITAL OWINGS MILLS 13a. USUAL RESIDENCE (Where deceased lived, if institut on Residence before deceased lived, if institut on Residence before 13c. CITY OR TOWN admission) STATARYLAND 13b COUMASHINGTON FAIRPLAY admission) STATEARYLAND 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First CONNIE JONES WILLIAM **JENNINGS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) 1 (If was give wor or dates of service) ROSEWOOD'S RECORDS NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dehydration acidosis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) (b) Gastroenteritis, acute rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 1) Cerebral defect, congenital; Mental and physical retardation, severe. 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO [7] YES [ 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJJRY OCCURRED City or Town While Not while ot wark 22a. 1 certify that \$\frac{14}{20}\$ (this haspital) attended the deceased from 1/29, 1968, ta 3/25, 1968, that \$\frac{14}{20}\$ (we) last saw the deceased alive an 3/25, 1968, and that in (#y) (aur) apinian death accurred an the date and haur and from the causes stated above, (\* (we) (did) (did Not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) D. Crasby Greene. M.D. Rosewood State Hosp., Owings Mills, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURTAL, CREMATION, 23b. DATE

mayires that the death certificate be executed within 24 lieurs after death. physician and completely filled in by the in please remove corban papers. Pages signed by the attending physician and camplete burial-transit permit. Then please remove corb burial, cremation, or removol, and in any event, O HOSPITAL OR ATTENDING PHYSICIAN: The lam maquires the Page 4 may be retained by the hospital or attending physicion. for use as the t f Health prior to b hos been O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached is should be filed with the State Dept. of

corbon

BRENOVALTSpecify)

3- 28- 68

Manor Cemetery

(County) Tilghmanton Wash. Co., Md.

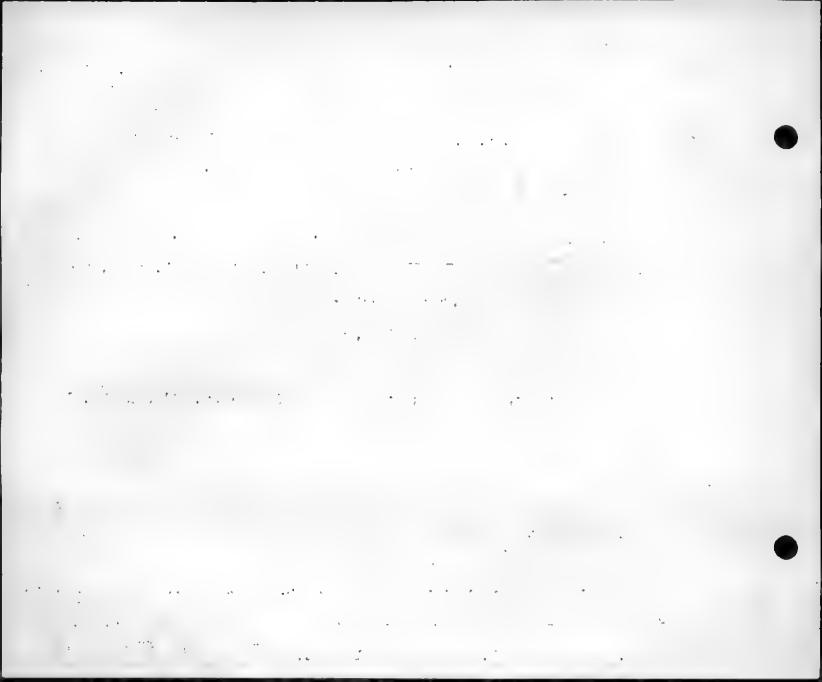
ADDRESS 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE APR 1\_ 1968

2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

County

3/26/68

Stote



## MARYLAND STATE DEPARTMENT OF HEALTH

Last

8 MARRIED NEVER MARRIED

WIDOWED TX

linsdale

17. INFORMANT

13c. CITY OR TOWN

Balto.

11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital

Lost

220-54-2938

Rese 16b. SOCIAL SECURITY NO. ORIO

Aug. 9, 1882

3d INSIDE CITY LIMITS?

DIVORCED T

IS. MOTHER'S MAIDEN NAME First

S. DATE OF BIRTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

3. SEX pau event,

filled in hos been O FUNERAL DIRECTOR: After

requires that the death certificate be executed within 24 hours after death.

ATTENDING PHYS 22a. ADDRESS

DIRECTOR

REMAYAL GREETY)

22b. SIGNATURE

22d. PHYSICIAN'S

3/5/68.

Holy Redeemer Cemetery

2So REC'D BY REGISTRAR

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.-Balto, Md.-14

1968 DATEVIÁR

during most of working life, even if retired ) 13e STREET AND NUMBER Collinsdale Ave. Middle Palma Address Mr. Joseph J. Jorio (Same) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Stote City or Town County 22a. I certify that (I) (this haspital) attended the deceased from Way 8, 1959, to Thurs 1, 1968, that (I) (we) last saw the deceased alive an Way 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED STAFF Loch Raven Blvd 23d LOCATION (City or Town) Baltimore, Md. 25b REG STRAR'S SIGNATURE

2b. HOUR

IF UNDER 1 YEAR

12b KIND OF BUSINESS OR

DECEASED-NAME (Type or print) JUL female 7g BIRTHPLACE (State or foreign Italy ID CITY OR TOWN OF DEATH suburban Balto. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 14. FATHER'S NAME John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (if yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Eirst

IA

4. RACE

IISA

13b. COUNTY

Middle

Conditions, if any, which gave ) rise to immediate couse (a). stoting the underlying couse

210 ACCIDENT WAS UNDERLYING

TOR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner)

DUE TO, OR AS A CONSEQUENCE OF

Middle

M.

caucasian

give street address)

7b. CITIZEN OF WHAT COUNTRY?

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY

Month Doy Year

21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

20a. AUTOPSY?

YES 🗀

NO |

20 DATE OF OFATH

lost birthdov)

March

9. COUNTY OF DEATH

120 USUAL OCCUPATION (Kind of work done

Baltimore

21d INJURY OCCURRED While Not while at wark

19a. DATE OF OPERATION

HOUR A.M.

DEGREE

NAME (Type) Leo Schlenger 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

6000

VR A15 (4) 30M REV. 1/68







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2n. DATE OF DEATH DECEASED-NAME Middle Month (Type or pnnt) 4. RACE 6. AGE (In years IF LINOER I YEAR . The law requires that the death certificate be executed within 24 hours after last buthagy) HOURS ouriai-ironsii permir. Inen piease remove carbon papers. Pd burial, cremation, ar removal, and in ony event, within 72 hours signed by the ottending physicion and completely filled in by burial-tronsit permit. Then please remove carbon papers. P 7b. CITIZEN OF WHAT COUNTRYS 7a. BIRTHPLACE (State or foreign MARRIED X NEVER MARRIED country) U.S.A. WIDOWED DIVORCED MANO TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital-12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street oddress) **INDUSTRY** 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME First M'ddle MOTHER'S MAIDEN NAME First 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 76b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) Mrs Anna K Garber Same APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for,(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tor use as the t Health prior to b Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO I 21a. ACCIDENT WAS UNDERLYING 23c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while of wark OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fram 3/1/2, 19/56, ta 3/1/2, 19/56, that (I) (we) last saw the deceased alive on 3/1/2, and thot in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S BRUCE NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Lerraine Park

**ADDRESS** 

YR A15 (4)-30M REV. 1/68

Jeonard J Ruck Inc. Ba ltimore. Maryland

23b. DATE

23o BURIAL, CREMATION,

24. FUNERAL DIRECTOR

BUT IN (Specify)

Baltimore, Maryland

(County)

23d. LOCATION (City or Town)

Stote

(Stote)

3771 w p n 1 -. . grit , , • .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a DATE OF DEATH 2b HOUR (Type or print) Month Madjowski Katovich Year Anna 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IF JNOER 24 HRS. 6. AGE (In years requires that the death certificate be executed within 24 hours aftas. last burthday) July 15. white femalo signed by the attending physicion and completely filled in by the burial-transit permit. Then please remove corban papers. Pag 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEO [ ] NEVER MARRIEO [ bon papers. within 72 ho country) U. S. Baltimore Russia WIDOWED A DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Catonsville, Md. STATE HOSP. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13C CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY JMITS? odmission) STATE timore YES 13b. COUNTY 210h Westfield Avenue and in ony 14, FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Madjewski Unknown 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na or unknown) (If yes give war or dates of service) 123-01-0581 HOSPITAL Records: SPRING GROVE STATE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 de IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol, cremation, Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ottending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b TO FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X MINE IC for use 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M detached ( AT HOME FARM, STREET, FACTORY, ) 21E LOCATION Street or R F.O. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 22a. I certify that (tk(this haspital) attended the deceased fram Aug. 13 , 1957 , to Farch 5 3/5 19 68, and that in (my) (664) apinion death accurred an the date and hour and from the saw the deceased alive an\_\_\_ director, page 3 should should be filed with the causes stated abave, (1) (eye) (did) (didnot) view the bady after death 22b. SIGNATURE 22c. OATE SIGNED elson M.D. DEGREE 22e. ADDRESS SPRING GROVE STATE HOSYITAL 22d. PHYSICIAN S NAME (Type) Sherwood Wilson, M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE (County) (State) Dallas, REMOVAL (Specify) 3/9/68. Pa. Fern Knoll Burial Park Ruria 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR VR A15 (4) DAMAR 1968 30M REV 1/68 Leonard J. Ruck, Inc. Balto. Md. 21214



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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当は		10 C	ITY OF DATE TO THE T	own give st	WE OF HOSPITAL OR INSTITUTE TO COUNTY	GEN. HOST	during most of work	ON (Kind of work don one life even if emred		USINESS OR
ompleto	, i	13o odmi	USUAL RESIDENCE (Where ssion) STATE MARY	deceased lived, if institutio	n. Residence before / 13	C CITY OR TOWN	3d. INSIDE CITY LIMITS? 13e	STREET AND NUMBER	FORD AV	E.
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ohysicia sn pleas ival, an			was deceased ever in u. es, no, or unknown)	S. ARMED FORCES? es give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT		Address		
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ficate has been for use as the Health priar to	X	CERTIFICATION		196 CONDITION FOR WHICE		YES 🔲	SY?   20  CA	IS IF YES, WERE FINDING USES OF DEATH?	S CONSIDERED IN CER	RTIFYING
o o I	? \	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	P.M.	Month Doy Yeor		JRRED (Enter noture of	injury in Port 1 or Port	2, Item 18.)	
this certi detached te Dept. af		W	21d INJURY OCCURRED While Not while of work			(1) 21f. LOCATION Street		City or Town	County	Stote
be star			220. I certify that ( sow the decease couses stated a	l) (this hespital) otte sed olive on MA ( above, (I) (we) (did) (	nded the deceosed 19 19 did not) view the bo	from <u>MAVCH</u> GK, and thot in (my dy ofter deoth.	\$ , 19 <u>68</u> , to ) (our) opinion deo	th occurred on the	19 <u>6 £</u> , that i date and hour o	(I) (we) lost nd from the
fo FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3			226 SIGNATURE	n Holdet	tii	DEGREE PHYS.	DIRECTOR	STAFF 25	2c. date signed 3 6 6 8	
NERAL   tor, poo	1		22d. PHYSICIAN'S NAME (Type)		STEIN	22e ADDR 6 CC1	YARK HEI	IGHTS HUE.	BALTO.	MP
direct Shau	A		BURAL (REMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 7, 196	Ro Ro	METERY OR CREMATORY sedale	Ba	ATION (Enty or Town)  1 timore Co		(State)
VR A15 ( 30M REV	1/68		funeral director Ivan S. Lew	is & Son	ADDRESS Garrison	, Md.	250. REC D BY REGISTRA  DATE MAR 8	1368 <sub>229</sub> KEGISTEV	KZ ZIGNALIJE ZO	a la

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and completely <u>filled</u> director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papel should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 2

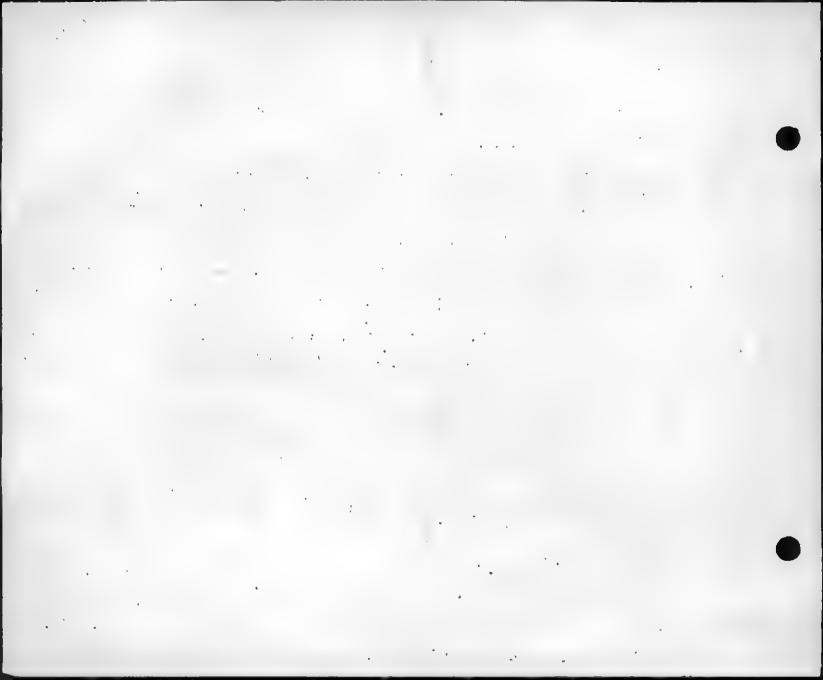
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR death, and (Type or print) Month Van Houton March Margaret Kavanauah signed by the attending physician and campierery med in Pages I burial-transit permit. Then please remave carbon papers. Pages I S. DATE OF BIRTH 4 RACE IF UHDER 1 YEAR 3. SEX 6. AGE (In years requires that the death certificate be executed within 24 hours after lost birthdoy) Aug. 14. 1902 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) Baltimore U. S. A. WIDOWED IX DIVORCED [ Penna. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired)

Homemaker give street oddress) INDUSTRY Own Home Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before X13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Baltimore 629 E. 29th St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Lost Tsch VanHouten Kathryn George 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 80-03-3212-0 18. CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEH OHSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1501 far use as the b Health prior tab Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while to work saw the deceased alive an 19 and that in (my) (am) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did not) view the body after death. at work 220. I certify that (I) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN'S 22e, ADDRESS 11 W. 29th St. Dr. Norman R. Freeman. NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) BULL CR 24 FUNERAL D.RECTOR 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Dulanou Valley Mem. Grds. Timonium W. Jenkins & Sons Co. 4905 Rygzk Road VR A15 (4) 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH Item 23b Film G390vision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 L/5/68 kk CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME requires that the deoth certificate be executed within 24 hours after death. death Manth the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and (Type ar print) IF UNDER TYEAR IF UNDER 24 HRS OF BIRTH veors 4 RACE ACHTHOM! lost birthdoy) DAYS HOURS ours of 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? country) nit. Then please remove carbon papers. or removol, and in any event, within 72 M WIDOWED DIVORCED 12a USUAL OCCUPATION (Kind of wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 10. CITY OR YOWN OF DEATH during mast of warking life, even if retired.)

WELS HE TO LE WILLE WILLIAM STREET AND NUMBER g ve street oddress) INDUSTRY UPPER 13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LOMITS? 13c CITY OR TOWN admission) STATE 13b. COUNTY Middle IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME 16g. WAS DECEASED EVER IN US ARMED FORCES? 166. SOCIAL SECURITY NO. INFORMAN1 Yes, no or unknown) (If was give war or dates of service) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) signed by the ottending burial-transit permit. I buriol, cremation, or re-PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to as the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? PHYSICIAN: The NO -YES 🔲 detached for use te Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at work at wark March 1968 that (1) (we) last director, page 3 should should be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATUR **ATTENDING** DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (County) (State) CEMETERY OR CREMATORY BURIAL CREMATION. 23b DATE 4-2/68 VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. funeral 1 ond 2 er death: (Type or print) JOHN HAROLD Month 12 Day 68 Year KILMORE 10A he fun ges 1 after o 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6 AGE (In years IF UNCER , YEAR lost birthdoy) MONTHS Male Cau. 12/24/1907 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Balto.Md. U. S. A. WIDOWED | DIVORCED | Baltimore burial, crematian, or removel, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Baltimore, Maryland 21204 Gr. Balto Med Center Sanitarian Agent How.Co. 13g USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c, CITY OR TOWN 13e STREET AND NUMBERHealth Dept. 13d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY 1108 Sedgwick Rd Balto. 14. FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Michael Hart Kilmore Lillie B. Miller 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mrs. Pauline E. Kilmore Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

Massive pt BETWEEN ONSET AND GEATH Massive pulmonary embolism signed by the ottendir burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave a Phlebothrombosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 3/4/68 Carcinoma of left colon YES X NO [ 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 3/1 , 19 68, to 3/12/ , 19 68, that (1) (we) last saw the deceased alive an 3/12/ ... 19 68 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR March 12, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RUDIGER BREITENECKER, M.D. Greater Baltimore Medical Center

23c. NAME OF CEMPTERY OR CREMATORY

& Sons Col 4905 York Rd.

23d. LOCATION (City or Town)

4.

Dulaney Valley Mem. Grds. Timonium.

250. RECU BY REGISTRAR 250. REGISTRAR 5 SIGNATUR.

250. RECU BY REGISTRAR 250. REGISTRAR 5 SIGNATUR.

250. RECU BY REGISTRAR 1 4. 1968

(Stote)

(County)

230 BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR 1. W. Jenkins

23b. DATE



. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
TOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	V 43 44
FOR STATE	NEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month 6	72.4
116/14/11 24/11	(Type or Print)	
Page 3 to	TIGHT I.	
delay and 3 And Pool	2012 10 SI POOT MONTHS DAYS HOURS MIN A MORTHS BOY	Yeor 1968 P. M
5,7,3 B, 2,3	male white 54 YRS MARRIED NEVER MARRIED 9, COUNTY OF DEATH	1900 P+ W
- = -	COURTED TO DIVORCED TO BAILtimone	Mc
hours after dea tem 18. Give Pages 1, Office along with farm tomd 2 with the state D	10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in best to 120 USUAL OCCUPATION (Kind of work done 1	26 KIND OF BLSINESS OR
offer dea 3. Give Paralong with with the st	DALTO 1313 OLO EASTERN RA CIERK	BUSTRY City
s after 18. Giv along with death.	130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13x CITY OR TOWN 13d Month CITY LIMITS? 13e STREET AND NUMBER	
75 o 18.	Mary land 13b. COUNTY 13b. COU	rn Ave. Apt I
haurs Item 11 Office Iomd 2	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT — ADDRESS	
ld be executed within 24 and "pending" in pencil in Chief Medical Examiner's transit permit. File pages by event within 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes no, or unknown) (If yes give was or dates of service) 217-07-7413 MURTLE FLUOTT 3705 M	11111111-0-
Exan Exan File		APPROXIMATE INTERVAL
be executed "pending" in nief Medical E nosit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease	BETWEEN ONSET AND DEATH
Med Wed	4/29  DUE TO, OR AS A CONSEQUENCE OF	
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vard I he Ch ial-tra	nse to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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d the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica iting arde arde al, c	8 4321	
is certificate, writin farward as used as removal.	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
		YES NO X
<u> </u>	21b. TIME OF IN. JIRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter PRIMARY OR CONTRIBUTING HOUR A.M.	a 1B)
INER e cel sha. files. 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  21d INJURY OCCURRED 2 e PLACE OF NURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
	WHILE NOT WHILE AT WORK AT WORK	21018
	22a   certify that a taak charge of the remains described above, held an Autopsy   Inspect on   X   Inquiry	and in my apin an
ICAL E executor. Paged for CTOR: F burial,	death resulted from: Natural causes X Accident , Suicide , Hamicide Undetermined manner	7
please e) please e) I d rector. retained I DIRECTO ior to buy	CHIEF MEDICAL EXAMINER	LINE
Jry ny, ple eral d be ret be ret prior	SIGNATURE WWW. 17 - M.D. ASSISTANT MEDICAL EXAMINER X 226 DATE SI	
DEPUTY cessary, e funero may be FUNERA	LEVENDING METHET OF PUTCE IN D.	6/68
TO DEPUTY necessory, the funeral 5 may be TO FUNERAL Health pri	MAME (Type)  ADDRESS (Street, City, Town, or County)	
5 = 25	234 SURIAL (REMATION) 23b DATY 3/68 23c NAME OF CENTER OF CREMATORY OLLY 23d LOCATION (City of Jown) (	County) (State)
VR A15ME	24 FLUTRIG DINKTOR	GNATURE CONCESS
TOM REV. 1768	DATE JOHN DATE JOHN	0 00
C.		



## MARYLAND STATE DEPARTMENT OF HEALTH

1		0.4	DIVISION OF VITA				MORE, MARYLAND 21201		î			
		05742				OF DEATH						
		(CEASED-NAME   I	irst A.	Middle Ki	rby.		2a. DATE OF DEATH Manth 3	Day 29 Year 68	2b. HOUR 9 45			
	3. SE		4. RACE		S DATE OF		6. AGE (In years		F UNDER 24 HRS			
		Female	White		Feb	. 18,18	82 losiBrighday)		MOURS MIN			
	7a. B	RTHPLACE (State or foreign try) Md •	76 CITIZEN OF WHAT CO USA	Hipsp	RRIED NEVER MA	RRIED 9.	COUNTY OF DEATH Baltimore		Md			
;		Towson	11. NAME OF give street o	HOSPITAL OR INSTITUTIO	N (If not in haspital RIS HOSP)	12a. USUAL	OCCUPATION (Kind of work dan t of working life, even if retired DVII •	125 KIND OF BU INDUSTRY	JSINESS OR			
		USUAL RESIDENCE (Where de ssion) STATE Md	ceased lived, if institution: Re	esidence before 13c. Cl	TY OR TOWN	YES NO	159 13e STREET AND NUMBER					
. <i>‡</i>	14. F	ATHERS NAME First Murtha	Middle W	Lost alsh		MAIDEN NAME Firs ia Monta			Last			
	16a. Y	WAS DECEASED EVER IN U.S. es, na, ar unknawn) (II yes		OCIAL SECURITY NO. 7-48-5894	17. INFORMANT	tella ma	Address aris records					
			r anly one cause per line for	(a), (b), and (c).)	0 '	7)	<del></del>	APPROX MA BETWEEN ONS	TE INTERVAL ET AND OFATH			
		PART I. DEATH WAS CA	l we									
		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, which gave (b)										
		rise to immediate couse (a), stating the underlying cause (c).  DUE TO, OR AS A CONSEQUENCE OF CVA.										
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
*	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORME	D 20a. AU1 YES	X	20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	TIFYING			
		21a. ACCIDENT WAS UNDER			21c. HOW INJURY O	CCURRED (Enter n	nature of injury in Part 1 or Part	2, Item 18.)				
	MEDICAL	OR CONTRIBUTING CAUSE OF		oth Day Year								
	ME	at wark at wark	210 PLACE OF INJURY (AT HO)		_		City or Town	County	State			
		22a. I certify that (I)	(this hospital) attended	the deceosed from	m5-13-65	, 19	, to_ <u>3=29,</u> ion death accurred on the	19 <u>08</u> , that (	i) (we) lost			
		sow the decease	d olive on2 <u>&lt;0=00</u>	19	_, ond that in (i ofter death	ny) (our) opini	ion death accurred on the	dote and hour or	nd from the			
		causes stated above, (I) (we) (did) (did not) view the body ofter death.  22c DATE SIGNED										
		LIL	auxy. M	exerces)	DEGREE PHYS	ING MED MED	ECTOR PHYS 3	-29-68				
1		22d. PHYSICIAN'S NAME (Type) ROB	EPT J MAHON	M.D.	22e. AI		E.Joppa					
1			236 DATE 4-1-1968	23c NAME OF CEMETER St. Peter			23d. LOCATION (City or Town) Harpers Ferry	y W. Va.	(State)			
	24 W	FUNERAL DIRECTOR M. Cook-Broo	ks Towson, 10	50 York Ro	ad land 212	250. RECAPIBLE	REGISTRAR 1988 REGISTRA	ES SIGNATURE YOU	y-			

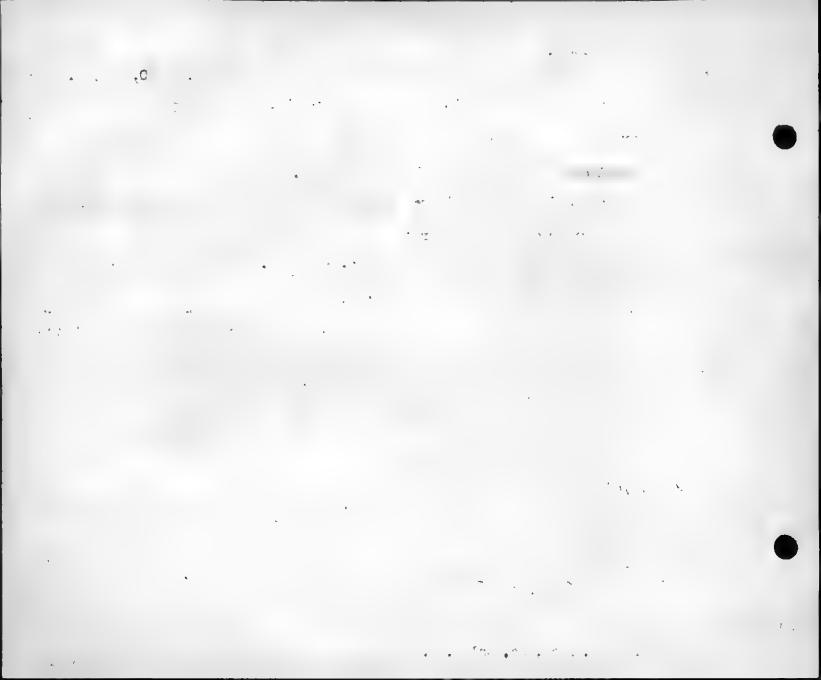
VR A15 (4) 30M REV, 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs fitter affor



Item 2a Film G39 DIVISION OF AITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) ond completely filled in by the funeral remove carbon papers. Pages 7 and MARGARET KIRK March 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years HOURS Female White August 31. 1915 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country)Maryland USA Baltimore WIDOWED | DIVORCED [T 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Glendale Ave. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before DISC CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATMaryland 13b. COUNTY Baltimore 3119 Glendale Avenue 15 MOTHER S MAIDEN NAME First 14 FATHER'S NAME Middle Losi Frederick Moran 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) Mr. Arthur F. Kirk (Same) 216-03-3350 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been Health prior 190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21s. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (1) (this haspital), attended the deceased from Caphal 19/96 to May 20, 19/68, that (1) (we) last sow the deceased alive on May 19/68, and that in (my) (corr) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) 22e\_ADDRESS GREat director, should b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (Stote) REMOVAL (Specify) PARKWOOD CEM. 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE Leonard J. Ruck, Inc. Balto, Md. 21214 30M REV 1X&



20 DATE OF DEATH

9. COUNTY OF DEATH

Bal timore

12o USUAL OCCUPATION (Kind of work done

during most of working life, even if retired )

6. AGE (In years last birthday) 82

MONTHS

126 KIND OF BUSINESS OR

DECEASED-NAME Middle (Type or pnnt) Mamie Klippert Marie 3. SEX 4. RACE S. DATE OF BIRTH Jan. 12, 1886 white female 24 haurs the attending physician and completely fyled in by sit permit. Then please remove carbon papers. 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED [ ] NEVER MARRIED [ ] country) Md. U.S. WIDOWED \* DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital GOOR STATE HOSP. WITH Catonsville event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN law requires that the death certificate be executed odmission) STATE 13b. COUNTY Balto. and in any 14. FATHER'S NAME Harry Lindeman 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) 212-26-0404-11 16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which cove ) Generalized arteriosclerosis, severe burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been Diabetes mellitus 19a, DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? YES 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street of R.F.D. No. While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from June 1 , 1962, to March 7, 1968, that (1) (we) fast saw the deceased alive an March 7 1968, and that in (my) (20%) apinion death accurred on the date and hour and from the causes stated above, (1) (228) (did) (didance) view the body after death. 22b. SIGNATURE DEGREE 22d. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) directar, 23c NAME OF CEMETERY OR CREMATORY

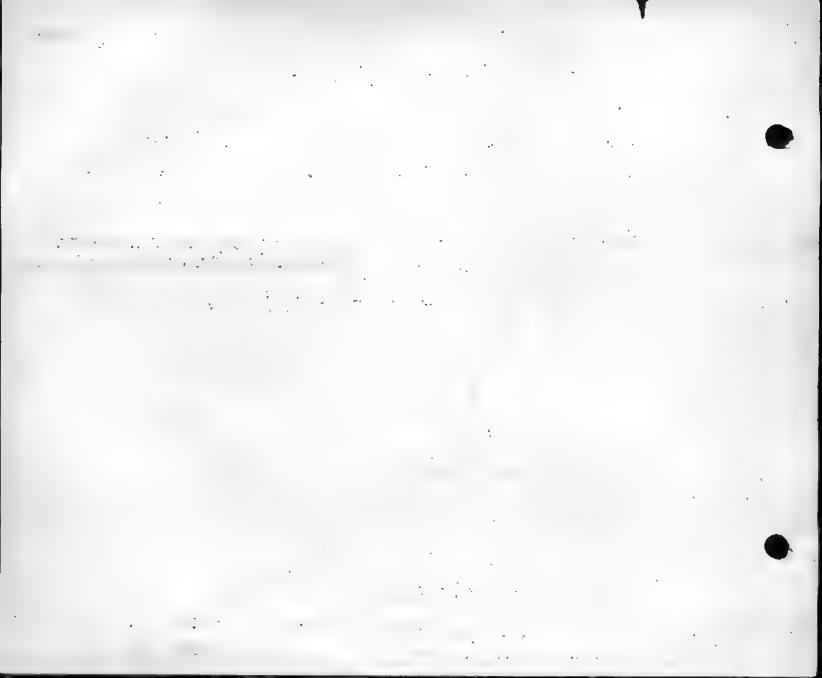
WOOD LOWN Cen

13e. STREET AND NUMBER (F. 3d INSIDE CITY LIMITS? 117 EagLynn Avenue IS MOTHER'S MAIDEN NAME First Anna Knowlman Address Records: SPRING GROVE STATE HOSPITAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔨 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) City or Town County State 22c. DATE SIGNED 3-7-68 DIRECTOR 220 ADDRESS SPRING GROVE STATE HUSELTAL Baltimore, Maryland 21228 23d LOCATION (City or Town) (County)



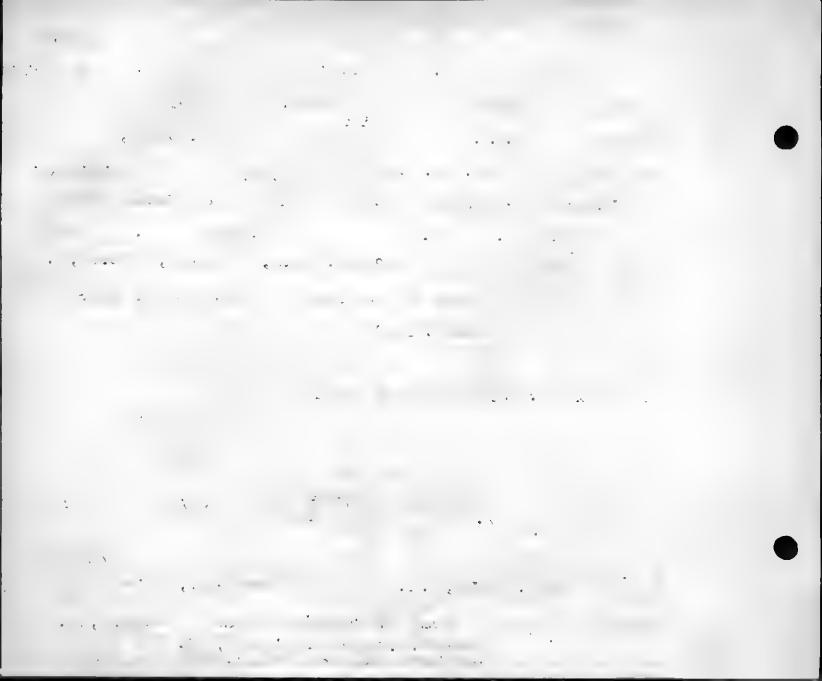


/		MARYLAND STATE DEPARTMENT OF HEALTH	
17	4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X		CERTIFICATE OF DEATH	B N
XF,	ن کرنے	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH	2ь. ноиг
	death and death	(Type or print) Marie Annie Knighton Month Day Yeor	, N
	funeral s 1 and ter deat	3. SEX 4. RACE S. MATE OF BIRTH 6. AGE (In years IF UNDER ) YEAR	
	des de des	F Cau 12-2-13 last birthday) YRS. MONTHS DAY	S HOURS MIN.
	L Pod Bi	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH ,	
	physician.  physician the death certificate be executed within 24-haurs after death physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers.—Pages 1 and burial, crematian, or remaval, and in any event, within 72 hours after death	COUNTY) COUNTY) US GIVER MARKED NEVER MARKED DIVORCED Baltimore	Md
	in 2 iille pag hin	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 132g USUAL OCCUPATION (Kind of work done 12b KIND)	OF BUSINESS OR
	with with	Towson Greater Bultimore Med Center Howewite Wife Months	
	d v elete carb	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIM 159 13e. STREET AND NUMBER	1
	cute	admission) STATE md. 13b. COUNTY Bottomore YES NO 1408 Hollins 5+	ec+
	amo amy	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	be and in the real property of	Charles Frank Collier Bertha and Lee . I	)ean
	arte icrian ieds and	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17, INFORMANT	6.
	requires that the death certificate be executed within g physician. In signed by the attending physician and campletely filling burial-transit permit. Then please remove carbon pose burial, cremation, or remaval, and in any event, within	219-20-5275 20000000000000000000000000000000000	appopopor.
	The The	I B. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).)	OX MATE INTERVAL IN ONSET AND DEATH
	ath iii. iii.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause nome of Cervix	
	erm erm nn, c	DUE TO, OR AS A CONSEQUENCE OF	
	4 4 tig	Canditions, if any, which gave	
	hat n. ny t ans rem	rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	
	es t sicio sicio sicio si de si de si de si de si de si de sicio sici sici	last. (c)	
	oricinal distribution of the state of the st	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	ng F		
	ATENDING PHYSICIAN: The law etained by the haspital ar attendir CTOR: After this certificate has bee should be detached far use as thirt the State Dept. af Health priar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?  21b. TIME OF INJURY 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	CERTIFYING
	The atternation has be a h	YES NO CAUSES OF DEATH?	
	ar a	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
	音音音音	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19  21d IN JURY OCCURRED 121e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1 21f 10 CATION Street or R.F.D. No. City or Town County	
	YSI cer chec pt. c	21d INJURY OCCURRED 221e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County	State
	this the P.	While Nat while at wark at wark	
	NG ter ter to	22n Legitify that (1) (this hospital) attended the deceased from 19 to 19 th	at (I) (we) los
	ND ND Nd b	saw the deceased dive an19, and that in (my) (our) opinion death occurred on the date and hou	ir and from the
	# 5 S E #	causes stated above, (i) (we) (did) (did not) view the bady after death.  22b. SIGNATURE 22c. PATE SIGNED	
	R A A CECT SECTION IN THE PROPERTY AND INTERPROPERTY A	ATTENDING MED. STAFF 00 2	C28
		DEGREE PHYS. L. DIRECTOR L. PHYS. 22d. PHYSICIAN S 22d. ADDRESS 22d. A	-00
	Mal Ral	NAME (Type) R Q. BARRY RY STONE.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-traishould be filed with the State Dept. af Health priar to burial, are	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	Sha Sha	Standardsvile Cemetery Standard, Va.	(strika)
	F F	24. FUNERAL DIRECTOR 4101 Edmonds on ADSERIE 250. REC'D BY REGISTRAR 250. REGISTRAR 5 SIGNATURE	
	VR A15 (4) 30M REV, 3/68	Witzke F. D., Balto., Md. 21229 DAIE MAR 4 1868 Klientes	udgh
		Null and an analy	1/





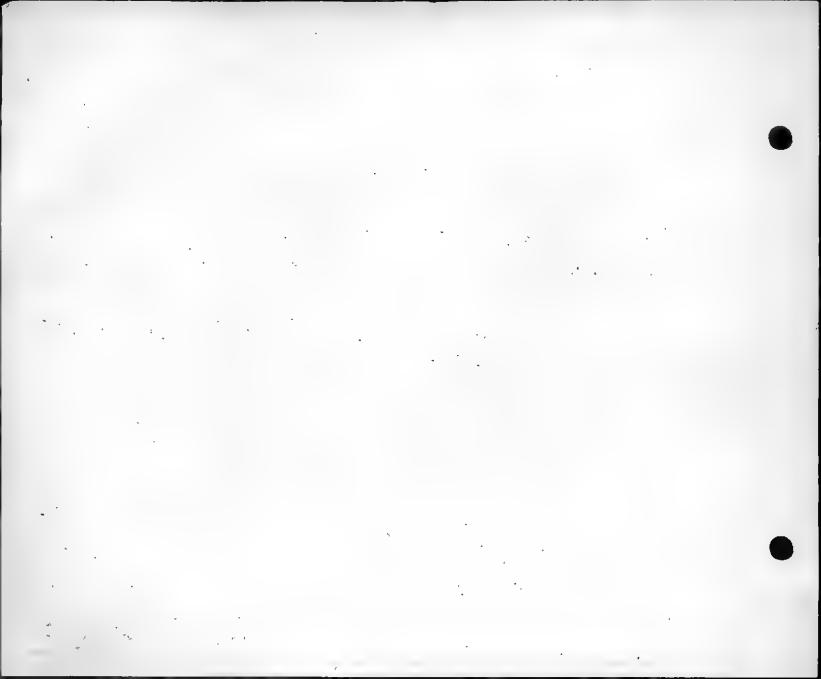
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03748 CERTIFICATE OF DEATH 03730 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) LAKIN T. 2:LOPM ALLAN S. DATE OF BIRTH IF UNDER 24 HRS. 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX 2/20/97 last hinhday) MALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED 🐴 NEVER MARRIED 🗍 MARYLAND BALTIMORE COUNTY. U.S.A. WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired ) STANDARD OTT FORT HOWARD 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? HALT IMORE YES T NO T 2819 ONTARIO AVENUE RALTIMORE 14. FATHER'S NAME Middle Last IS, MOTHER'S MAIDEN NAME First Middle **JOHNSON** J. AMANDA LAKIN WILLIAM D. 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, newnknown) (If yes own was or dates of service) 215 18 86 82 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH EMPYEMA OF GALL BLADDER WITH PERICHOLECYSTIC ABSCESS PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CHOLELITHIASIS Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei last. L. S. L. 1/ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 PEPTIC UICER OF HIATUS HERNIA WITH HEMORRHAGE 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES YES NO I 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City of Town State 21d INJURY OCCURRED County While Not while at work 22a. I certify that \$\pm\( \) (this haspital) attended the deceased from 2/27/68 saw the deceased alive an 3/4/68 19 and that in \$\pm\( \) ta 3/1/68 \_, and that in (aur) apinian death accurred an the date and haur and fram the director, page 3 shauld should be filed with the causes stated abave (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: 22c. DATE SIGNED 3/5/68 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22e, ADDRESS 22d. PHOSTCIAN'S VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) 23a. BURIAL, CREMATION, DULANEY VALLEY MEMORIAL GARDENS BALTIMORE. MD. 24. FUNERAL DIRECTOR 30M REV. 1/68 6009 HARFORD ROAD, BALTIMORE MD. 2121 HIKC H



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH Last 2b HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) MONTHS DAYS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [ 1) NAME OF HOSPITAL OR INST TUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane give street address) 10. CITY OR TOWN OF DEATH event, within 12b KIND OF BUSINESS OR and completely fill requires that the deoth certificate be executed within INDUSTRY pleose remove corban contor ins . INS . 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY buriol, cremation, or removal, and in ony 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost physician 160. WAS DECEASED EVER IN B.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na. ar unknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been sise os the the the prior to be Page 4 may be retained by the hospital or ottending 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I Heolth | this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept. of H P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No director, page 3 should be detache should be filed with the State Dept. 21e PLACE OF INJURY Stote City or Tawn County While Not while at work 22a. I certify that (1) (this haspital) ottended the deceased from march 19 68, to march 7519 saw the deceased alive an march 25 19 6 and that in (my) (our) apinion death occurred on the dote and hour and from the O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 13ALDONADO 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION LOCATION (City or Tawn) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV



	M	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201
/- 1		CERTIFICATE OF DEATH
€ -~dV		CEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
the funeral oges 1 and 2 after death		ype ar print) Baby Boy LANKFORD March Month 27 Day 1968 Tear 23-
offer offer offer	3. SE	
the the	_	Trigie YRS /+
hours hours	7α Ι τουι	ARTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 B 2 C	_	"/V d.   U.S./7"   WIDOWED   DIVORCED   Dalvimore Co.
within bon po bon po		ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired)  12 INDUSTRY
requires that the death certificate be executed within 24 hours after death g physicion.  signed by the ottending physician and completely filled in by the funeral surgingly permit. Then please remove carbon pages—Rages 1 and 2 burial, cremation, or removal, and in any event, within 12 hours after death.	13a adm	USUAL RESIDENCE (Where deceased lived, if institution Residence Before 13c CITY OR TOWN 13d INSIDE CITY UM TS7 13e STREET AND NUMBER SSION) STATE Md. 13b COUNTY / Balto. YES NO TION WINKS ROad
exe ony	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
n ol	7	homas Talmadge Lankford Til Carol Lynn Jackson
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ie death certific ottending phys permit. Then p ion, or removol,		TB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
andir or re		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
he death ce ottending i permit. The ion, or remo		NIE TO OD AC A CONFEDURINE OF
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equires 1 physicio signed t burial-tr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(e)
2 5 9 5	-	
e law Itendir as bee as th prior	CATTON	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
두 5 후 5 후	CERTIFIC	YES NO CAUSES OF DEATH? YES
IAN: The rat frail or at frail or at frail or at frail or at for use for use freelth in the rate frail or at frail		21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 1B.)  10 PRICENT WAS UNDERLYING CAUSE OF DEATH  10 PART 1 OF Part 2, Item 1B.)
prite prite of the of t	MEDICAL	(If either, natify medical examiner) P.M. 19
PHYSICIAN e hospital c his certificat ttoched for Dept. of Hec	M	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
-C = 0		at wark — at wark —
d by Afte Afte be Sto		22a. I certify that (M)(this haspital) attended the deceased from 3/24/68, 19 ta 3/24, 19/64, that (M) (we) la saw the deceased alive an 3/27 19/64 and that in (p) (aur) apinian death occurred an the date and have and from the
OR: OR H	L	causes stated abave, (1) (we) (did) (did nat) view the bady after death.
O HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State		226 SIGNATURE  Leighber   Meller   Degree Phys.   Med Director   STAFF   32c Date SIGNED   268
SPITAL 4 moy IERAL or, pag d be fil	,	22d PHYSICIANS KENFER J. MITCHEL 220 ADDRESS BALTO. MED. CENTER
TO HOSPITAL Poge 4 moy TO FUNERAL director, pag should be fi	23a C/3	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 3/29/68 CB. M.C. 23d LOCATION (City or Town) Balfo. Ned
VR A15 (4)	24.	ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRARS SIGNATURE
30M REV. 1/68	1 >	view E. Jotelaves, M.D. Gfree C DATE APR 2_ 1968 Jelianles Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH HOUR D I Middle Lost 2o. DATE OF DEATH First (Type or print) Month Doy Yeor **NMI** Lansberg Joseph 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 6. AGE (In years lost birthday) ZHTHOM Mal e White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. DIVORCED [ WIDOWED -Baltimore County Latvia filled IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR law requires that the death certificate be executed within give street address) INDUSTRY FURNITURE signed by the attending physician and campletely burial-transit permit. Then please remave carbar Balto. Co. Randallstown and in any event, 13e, STREET AND NUMBER 13a USLAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE 13b. COUNTY ND X YES [ Gardenview Road Balto 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Simon Lansberg Catherine Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY ND. burial, cremation, ar remaval, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TÓ DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G∜EN IN the Health prior to TO FUNERAL DIRECTOR: After this certificate has been 4 70.11 19a. DATE OF DPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? as CAUSES OF DEATH? YES 🗌 NO 🗀 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) detached far t HOUR A.M OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 2 d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or RFD No. County Stote City or Town While Not while at wark ot wark 22a. I certify that (I) (this haspital) attended the deceased fram 3 - 13 , 1968, to 3 - 13 , 1968, that (I) (we) last saw the deceased alive on 3 - 13 , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on 3-13 be retained director, page 3 shauld shauld be filed with the couses stoted above, (I) (we) (did) (did not) view the body after death. 224 DATE SIGNED 22b. SIGNATURE ATTENDING Page 4 may 22d. PHYSCIAN'S NAME (Type) 22e. ADDRESS BALTIMORE COUNTY 23b. DATE 23d LOCATION (Eity or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 3-15-68 RODFE 7EDEK BAITIMORE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 30M REV LEVINSON&BROS. 6010 REISTERSTOWN RODATE



,	ı	Item 1 Film G	200 -NOUGION OF VIT	MARYLAN	D STATE DEPA	RTMENT OF H	IEALTH IMORE, MARYLAND 21201		
1		4/2/68 kk	750	AL RECORDS,	ERTIFICATE	N SIKEEI, BALII	IMORE, MARTLAND Z1ZU		34
1	1 D	ECEASED NAME First	10/11/11	Middle	LIXIIIICAIL		2g, DATE OF DEATH	<u> </u>	2b. HOUR A
I NES		Robert PA	Y Edward	BOY	LAUBAC	CH		DOY 1968	4:45 M
ages and a second	3. SI	MALE	4. RACE WHITE			OF BIRTH RCH 28, 19	6. AGE (In years lost birthday)	MONTHS DAYS	HOURS MIN
hours in br rrs. Ro 2 hours	70. coal	BIRTHPLACE (State or foreign MARYLAND	7b. CITIZEN OF WHAT C	OUNTRY?	B. MARRIED NEVE	7777	9. COUNTY OF DEATH BALTIMORE	No.	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the buriol transit permit. Then please remove corban papers. Postbould be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours	10. (	TOWSON	11 NAME ( give street	OF HOSPITAL OR INS	TITUTION (If not in has SEPH HOSP.	pital 12a, USUA	L OCCUPATION (Kind of work do	ne 126 KIND OF ( d ) INDUSTRY	Md. BUSINESS OR
omplete ve cork event,	13c odm	USUAL RESIDENCE (Where decease ission) STATE ARYLAND	13b. COUNTYBAL	Residence before TIMORE	13c CITY OR TOWN	YES NO	13e STREET AND NUMBER 7423 KENLE	A AVE. #	21236
and corremo		FATHER'S NAME First	Middle	Lost	1S. MOTHE	R'S MAIDEN NAME F	irst Middle		Lost
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cert Ig pl Ther mov		18 CAUSE OF DEATH (Enter an	y ane couse per line fo	or (o), (b), ond (c).)				APPROXIN	AAYE INYERVAL NSET AND DEATH
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The attre has base of the plant.	E					ES NO 🔀			
CIAN: ital or ifficate if for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING CAUSE OF GEATH (If either, notify medical examin	HOUR A.M. M	URY anth Day Year 19		RY OCCURRED (Enter	nature of injury in Port 1 or Port	2, Item 18.)	
PHYSI he hosp this cer letached	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT H			Street or RFD No.	City or Town	County	Stote
HOSPITAL OR ATTENDING PHYSICIAN: The law requires thing a moy be retained by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been signed by irector, page 3 should be detached for use as the buriol-train bould be filed with the State Dept. of Health prior to buriol, cre		220. I certify that (I) (thi	s hospital) attende ive on NARCH	ed the deceose	d fromMARCH 68, and that	28, 196, ın (my) (our) opi	8, to MARBW_31, nian death occurred an the	19 <u>68</u> , that dote and hour c	(I) (we) lost and from the
tain tain tain tain tain tain tain tain		couses stoted obove 22b. SIGNATURE	, (1) (we) (did) (did	nat) view the t	ady after death.			22c DATE SIGNED	
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O HOSPITAL Poge 4 moy bo FUNERAL D director, pag		22d. PHYSICIAN'S NAME (Type)Ludilir	a Oteyza,	A.b.		e ADDRESS 7620 York	Rd., Towson , l	Md. 21204	
O HO Poge direct	23o	BURIAL, CREMATION, 23b. D	ATE		EMETERY OR CREMAT		23d LOCATION (City or Town)	(County)	(State)
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VR A13-41 30M REV. 1/68	6	FUNERAL DIRECTOR	6.16	ADDRESS	36	25a. REC D B	2 1968 REGISTRAR	AR S SIGNATURE	ye
- 1 744	علا	assaladune	101 Home	1401Bel	an Koral	DATE			<u> </u>



DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201											
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH								735		
HEALTH DEPT.		CEASED NAME First	_	Middle	Last		20 DATE KNOWN	Month	Day Year	2b HOUR	
· · · · · · · · · · · · · · · · · · ·	1	ype ar Print) HORNEL	u s		LEM S		OF ESTI- DEATH MATED		7	1212	
delay and 3	3	X 4. RACE	DATE OF BIRTH	6 AGE (P	years F JADER YEAR	IF UNDER 24 HRS	2c DATE PRONOLN	CED DEAD	. ,	2d HOUR	
9 5		n w	5123	lost birtho	kry) MONTHS DAYS	HOURS MIN.	Manth	Day	Year 1968	127	
£ 7 6	7a	IRTHPLACE (State or foreign 7b i	ITIZEN OF WHAT COU	NTRY? 8.	MARRIED NEVER MAR	RIED 7 9. COL	INTY OF DEATH		170 0	-77."	
	cou	TY) Holland	Holland			RCED 🗍	BANT	MOR	. P	8.4	
death with, for	10.	TY OR TOWN OF DEATH	11, NAME OF		UTION (If not in hospita	12a USUAL O	CUPATION (Kind of		12b KIND OF BUSI	NESS OR	
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s after 18 Gn e alang 2 with 1 death	13a	USUAL RES DENCE (Where deceased	ived, if institut an Ri	esidence before 13c	CITY OR TOWN 3d	INSIDE CITY JAM TS7	13e STREET AND N	UMBER	Teaci	E	
2 w 2 dec		miss on) STATE Md.	3b COUNTYBalt:	imore C	ockeysville	YES NO 🔀	110 War	ren Ro	1.		
14 haves after death in item 18 Give Pag 's Office along with, I and 2 with the Sta s after death	14.	ATHER'S NAME First	Middle	Lost	IS. MOTHER S MAID	DEN NAME First		Middle	Last		
24 In the trick of		Dirk Lems				Hann i	e		Warmol	lts	
rauld be executed within 24 ward ipending in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours		VAS DECEASED EVER IN U.S. ARMED FORCES, na, gr unknown)   (If yes give word	100 30	OCIAL SECURITY NO.	17. INFORMANT		ADD	RESS			
wtl n per Exam File p	L	as, na, ar unknown) (If yes give word No	519	9 <b>-3</b> 8-1902	Mrs. Barb	ara L Le	ms 110 W	arren			
ecuted wing in periodical Examit. File		18. CAUSE OF DEATH (Enter only of	le cause per line far (	a), (b), and (c).)			-		APPROXIMATE BETWEEN ONSET		
e executed pending 'in of Medical E sit permit. F		PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (a) AVUL	Sizh HYD	LACERDON.	1 65 3	SKULL				
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shauld be en ward per to the Chief I burial-transit	1	stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF							
72 0 2 2		_ ′	(c)								
is certificate share te, writing the farwarded ta e used as a bu remayal, and ir		PART 2 OTHER SIGN.FICANT CONDITION	IS CONTRIBLTING TO	DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE OR COND TIC	IN GIVEN IN PART 1(	0)			
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	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	BOU A.M	3/17 068	AUTO	ADC. DE		OF FULL Z, 116	au io i		
Sha s	AF.	2 d. NJURY OCCURRED   21e PLAC	OF INJURY (At home	farm, street	21f LOCATION Street o		City or Town		(OJRty	State	
ical examiner: execute the certion. Page 4 shauld at your files. CTOR: Page 3 shauld burial, cremation,		AT WORK AT WORK THE TOUCHTRY	affice by ding, etc.)		B1250. B.	BLINA-1	Tow50	M. Br		MD.	
Pag Pag ar y R: P.		22a. I <b>certify</b> that I taak					pectian .				
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and		ACTUAL SIGNATURE SURVEY	napu	ulung		STANT MEDICAL EXA		22b DATES	IGNED		
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necessary, please execute the funeral director. Page 4 5 may be retained far your for Funeral Director. Page Health prior to burial, crem		NAME (Type)	4 H. 1	LUS Blut	ADDI	TY MEDICAL EXAMI	Vo Jar (buffy)				
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BUR.AL, CREMATION, 23b DAT REMOVAL(Specify) 3/26	E	23c NAME OF CEME	TERY OR CREMATORY	23d	LOCATION (City or T	own)	(County) (St	ate)	
20			)/68	Dulaney	Valley Ceme	eterv	Cockeysy	ille l	Md Ral+	0	
Ko		FUNERAL D RECTOR		ADDRESS		25a REC D BY REG	GISTRAR 725b	REGISTRAR'S S	GNATURE	Pa r	
VR A15ME (5)	Wn	. Cook-Brooks To	vson 1050	York Rd.	21204	DATEMAR 2	2 1968	factor	Con Marie	-,	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last Middle 2o. DATE OF DEATH 2b. HOUR P CVI DECEASED-NAW First 24 hours after deoth puriot-transit permit. Then please remove corban papers. Bages 1 and 'buriot, cremation, or removal, and in ony event, within 12 trauss after deoth funerol 1 ond (Type or print) 1968 11:15 CHARLES LEONARD JOSEPH 4 RACE 6. AGE (In years 3 SEX S DATE OF BIRTH FUNDER YEAR IF UNDER 24 HRS. filedeiseby he u last birthday) OAYS HOURS MAY 9, 1894 MALE WHITE 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED country) BALTIMORE U.S.A. DIVORCED [ WIDOWED MARYLAND 10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within give street address. JOSEPH during most of working ife, even if retired ) **INDUSTRY** ottending physician and completely formit. Then please remove corban TOWSON LAROR 13a. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY BALTIMORE NO 🖫 YES T RIVERSIDE DRIVE ESSEX 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Lost 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes. na, or unknown) (If yes give war or dates of service) 215-28-9791 ABOVE AUGUSTA LEOWARD APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) RESPIRATORY AND CARDIAC FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) (b) METASTATIC CA of the COLON rise to immediate cause (a). signed by t DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to t Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🐴 YES [ for use of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 should be detached should be filmd with the State Dept. of ( AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while at wark 22a. I certify that (this haspital) attended the deceased fram FEBRUARY 5, 19 60, to FIARCH 6 19 00 6 de saw the deceased alive an MARCH 6 1968, and that causes stated above, (1) (\*\*) (\*\*) (\*\*) (\*\*) view the bady after death. \_19\_68, and that in XXV) (aur) apinian death accurred on the date and have and from the 22b SIGNATURE -22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. March 7, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 7620 YORK\_ROAD EDITRERTO BAUTISTA TOWSON. MD. #21.204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) BALTO. LOUDON 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 30M REV. CONNEL



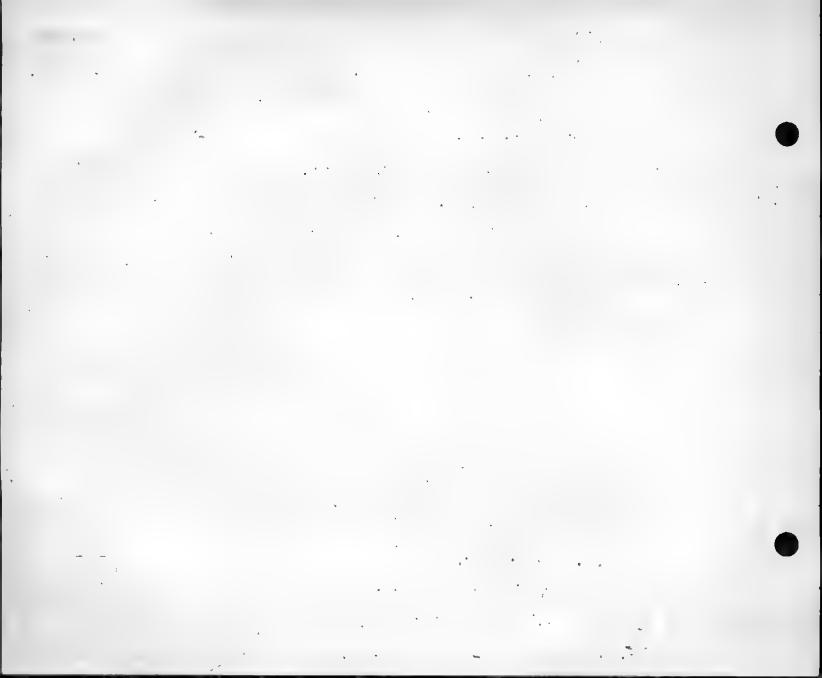
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR funeral s 1 and 2 ther death. DECEASED-NAME (Type or print) 6. AGE (In years IF UNDER 24 HRS 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR after and in any event, within 72 hoors after 3. SEX lost bilitiday DAYS The law requires that the death certificate be executed within 24 haurs COUNTY OF DEATH To BIRTHPLACE (Stoll or foreign 7b CITIZEN OF WHAT 8. MARRIED NEVER MARRIED the attending physician and compact, it narmit. Then please remove carbon papers. country) WIDOWED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA OCCLPATION (Kind of work done during from of Germany) (Kind of work done TOWN OF DEATH 126. KIND OF BUSINESS OR 10. CITY\_DI INDUSTRY 13e STREET AND NUMBER (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY NO MAIDEN NAME FIRST 14 FATHER'S NAME Moddle 166 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if any, which gave burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse burial, lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES 🙀 far use detached far use te Dept. af Health 21c. HOW INJURY OCCURRED 216 TIME OF INJURY (Enter noture of injury in Port 1 be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy P.M (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED 21e, PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this haspital), attended the deceased from shauld be .19 68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed alive on causes stated obove, (1) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. director, page 3 shauld be filled v DIRECTOR 22e, ADDRESS 22d, PHYSICIAN'S Page 4 may GBMC NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL CREMATION 23b. DATE (County) SEMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME M.ddle Last 2g. DATE OF DEATH 35 HO 6:1 death. (Type or print) March Estella Lewis а. 4. RACE S. DATE OF BIRTH within 72 hours after 3 SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS eigst birthdoy) June 24, 1882 white female requires that the death certificate be executed within 24 haur 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers. Maryland U. S. Baltimore WIDOWED IX DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR SPRING GROVE STATE HOSP. during most of working life, even if retired) INDUSTRY Catonsville 13c, USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c, CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY NO 🔼 361 Towsend Road Essex and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Eliza Bitterson BIDDERSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) Records: SPRING GROVE STATE ar remayal, HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) 3 60 % DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the l Health priar tak O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO A 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M be retained by the haspital Manth Day Year (If either, notify medical exominer) detached 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R F D No. City or Town County State While Not while at work 22a I certify that (1) (this hospital) attended the deceased from Dec. 11 , 19 63, to March 25, 1968 , that (4) (we) lost saw the deceased alive on March 25 1968 , and that in (my) (66) opinion death accurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED 3-25-68 DEGREE DIRECTOR director, page : 22e. ADDRESS SPRING 22d PHYSICIAN'S NAME (Type) Vincente M. Ruano, M.D. Maryland 21228 Catonsville. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION (County) (State) REMOVAL (Specify) BURIN 24 FUNERAL DIRECTOR **ADDRESS** 

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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24 Imprs after death.



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2 15 CAUSE OF	INTERESTALL CAUSE IN	ar (a), (b), and (c)) nshot Wound c		volving The	Heart,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO DEPUTATION TO THE PROPERTY OF THE PROPERTY		23c NAME OF CEMETERY		(Street, city, town, or countries 23d LOCATION Ball		(County) (State) Marylan
24 FUNERAL D RECTO		ADDRESS	250	RECID BY REGISTRAR	25b REGISTRAR S	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 1 41 CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 hours after death. Manth (Type ar print) 4:101 LOCKWOOD John Robert IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 3. SEX 4 RACE DAYS last birthday) MONTHS HOURS 9/13/65 White Male 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [7] NEVER MARRIED [38] country) physicion and completely filled in ve carbon papers. event, within 72 h DIVORCED | U.S.A. WIDOWED -Baltimore Maryland 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired) INDUSTRY Rosewood State Hospital Owings Mills Dependent none 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 13e STREET AND NUMBER I.S.L. INSIDE CITY LIMITS? admission) STATE 13b COUNTY NO K Box 211 pleose remove Millington Kent signed by the attending physicion ond co burial-tronsit permit. Then pleose remov burial, cremotion, or removal, and in any 15. MOTHER S MAIDEN NAME First Middle 14. FATHER'S NAME Middle 1ast Ridgely Lockwood Esther Amv John Howard 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) Yes, na, ar unknown) Rosewood Records, Owings Mills, Maryland none no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumoni IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSECUENCE OF Page 4 may be retained by the haspitol or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ve aeroched for use os the State Dept. of Health prior to hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (5) (this hospital) attended the deceased from 3/13 , 19.60 , ta 3/27 , 17.60 , ta 3/27 , 19.60 , and thot in (237) (our) apinion death occurred on the dote and hour and from the director, page 3 should should be filed with the causes stated abave, (t) (we) (did) (didnot) view the bady after death. 22b. SIGNATURE **ATTENDING** DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City of Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL CREMATION. Buffat (Specify) Busic Cemetery Md. Mar.30,1968 Rural Templeville, 1968 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 30M REV 1/68 DATE



24 hours after death

law requires that the death certificate be executed within

30M REV 1/68

CERTIFICATE OF DEATH

174747

Middle DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR death. (Type or print) James Albert Lybrund 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthoay) Male white 4/8 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED XX NEVER MARRIED (duntry) Maryland USA Baltimore WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done burial, cremation, ar removal, and in any event, within 125 KIND OF BUSINESS OR during most of working life, even if retired) Dundalk 13a USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Railway Ave. Dundalk 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Chrispter Lybrund Lillie Mathwev Lybrund 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, ar unknown) 217-20-9795 M.S.Lybrund same as/13 18. CAUSE OF DEATH (Enter only one couse per line-lipr (a), (b), and (c) PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS SA CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a) Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burnal-tran should be filed with the State Dept. af Health priar ta burial, cren DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO IX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 , 19 8, to 19 4, 19 9, that (I) (we) last saw the deceased alive an 19 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR1 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSIČIAN S 22e. ADDRESS T.C.Patterson, M.D. Dundalk, Maryland 212222 NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BUR.AL, CREMATION (County) REMOVAL (Specify) Oak Lawn Cemetery Baltimore Co., Maryland 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE MAK 2 2 1988 Walter Brooks Ereker Bradley, Inc



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH M.ddle Lost 1. DECEASED NAME First the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Rages T and 2 mation, ar removal, and in any event, within 72 haurs after death LYNCH (Type or print) TAMES PATRICK IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 4. RACE 3. SEX PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after last birthday) MONTHS DAYS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED 7o, BIRTHPLACE (State or foreign Mounto Wilson Balto. Co., WIDOWED X DIVORCED [ 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126, KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street address) Mount Wilson Mt. Wilson State Hospital DEFICE 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c. CITY OR TOWN 13e. STREET AND NUMBER TOWSON cremation, ar remayal, and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle LYNCH ITAMES 16b SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war at dates of service) 18-52-0590 Records, Mt. Wilson State Hospital Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c):) BETWEEN ONSET AND DEATH (ASTRUC GNIENI) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MINI signed by the attendil burial-transit permit. on the Engith ENA DUE TO, OR AS A CONSEQUENCE OF Condition's, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 🔊 for use 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION State Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from \_\_\_\_\_\_\_, 1966, to \_\_\_\_\_\_, 1968, that (I) (we) lost saw the deceased alive on \_\_\_\_\_\_\_, 1968, and that in (my) (our) opinion death occurred on the date and haur and from the O HOSPITAL OR ATTENDING Page 4 may be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED.
DIRECTOR DEGREE PHYS Mount Wilson, Maryland 22d. PHYSICIAN'S William Newcomer, M.D. NAME (Type) 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) BULL La 23t. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE Md. 3/26/68 Loudon Park Baltimore. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 4905 York Rd. 24. FUNERAL DIRECTOR Jenkins & Sons Co. 1968 DATE NAS





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03745 CERTIFICATE OF DEATH Last 20 DATE OF DEATH First Middle DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) JAF.ES JOSEPH MAGEE March 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male white 1892 August 1. 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED X DIVORCED Baltimore popod ottending physicion and completely filled permit. Then please remove carbon population 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUA, OCCUPAT ON (Kind of work done within 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) Towson 21204 130 USUAL RESIDENCE (Where deceased lived, if institution; Res dence before 113c. CITY OR TOWN retired event, 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE YES \_\_\_ NO Baltimore 319 Wyman Park Drive 2121 Maryland or removol, ond in ony IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost SARAH JENNINGS MAGEE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, ng. ar unknawn) Frank C. Horigan 6301 N. Charles APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) permit. Congestive heart failure cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove ) chronic pulmonary insufficiency. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse buriol, a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the O FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? SO CAUSES OF DEATH? YES 😿 NO | for use 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR AM. Manth Day Year (If either, nat.fy medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of wark 220. I certify that (I) (this haspital) attended the deceased from tebruary 24, 19 60, to harch 24, 1968 sow the deceosed olive on March 24 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING March 24. 1968 DEGREE PHYS 22e ADDRESS 22d. PHYSICIANS NAME (Type) 7620 York Road, Towson, Maryland Ines Cilliani 21204 director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION (County) RUR. I A I. BALTIMORE. CATHEDRAL 24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a DATE OF DEATH 2b. HOUR First Middle Last DECEASED-NAME The law requires that the death certificate be executed within 24 haurs after death 3-30th 68 (Type or print) Dorothy Virginia Mahan IF UNDER 24 HRS. S. DATE OF BIRTH F JNDER 1 YEAR 3. SEX 4 RACE 6 AGE (In years 57 birthday) MONTHS HOURS 1-8-11 Female Caucasian completely filled in by tave carban papers Par y event, within 72 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o BIRTHPLACE (State or foreign 8. MARRIED [7] NEVER MARRIED country Haryland Baltimore U.S.A. WIDOWED [ DIVORCED [ completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR IG. CITY OR TOWN OF DEATH during mast of working life, even if retired.)
Housewile INDUSTRY Hospital remove carban Towson 13c GTY OR TOWN 3d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) STATE Maryland 13b. COUNTY 3002 Southern Ave. YES 📆 Baltimore and in any Middle IS MOTHER'S MAIDEN NAME First Last 14 FATHER'S NAME Middle Slater Blanche Charles Cook 16b. SOCIAL SECURITY NO 17 INFORMANT Address 16q. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) James G. Mahan, 3002 Southern Ave. 705052479 burial, crematian, ar remaval, attending phy permit. Then APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. アルノクレ (5 Mbman IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Pant Canditians, fany, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Ф State Dept. of Health prior to as the CERTIFICAT.ON 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? ко 🔀 YES 🗔 FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY þ TOR CONTRIBUTING COLCAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED
While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County 22a. I certify that (I) (this hospital) attended the deceased from I brown, 1906, ta Planch, 1906, that (I) (we) last saw the deceased glive an 1907, and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (ve) (and) (did nat) view the body after death. 22b. SIGNATURE MED DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN" O HOSPITAL 3202 Harford Rd. NAME (Type) Loy M. Zimmerman. M.D. 23d LOCATION (City or Town) (County) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (State) 23b DATE REMOVAL (Specify) Balto., Md. 4-2-68 Loudon Pk. APR 1 1968 256 ADDRESS 24 FUNERAL DIRECTOR 30M REV 7.68 Leonard J. Ruck, Inc., 5305 Harford Rd.

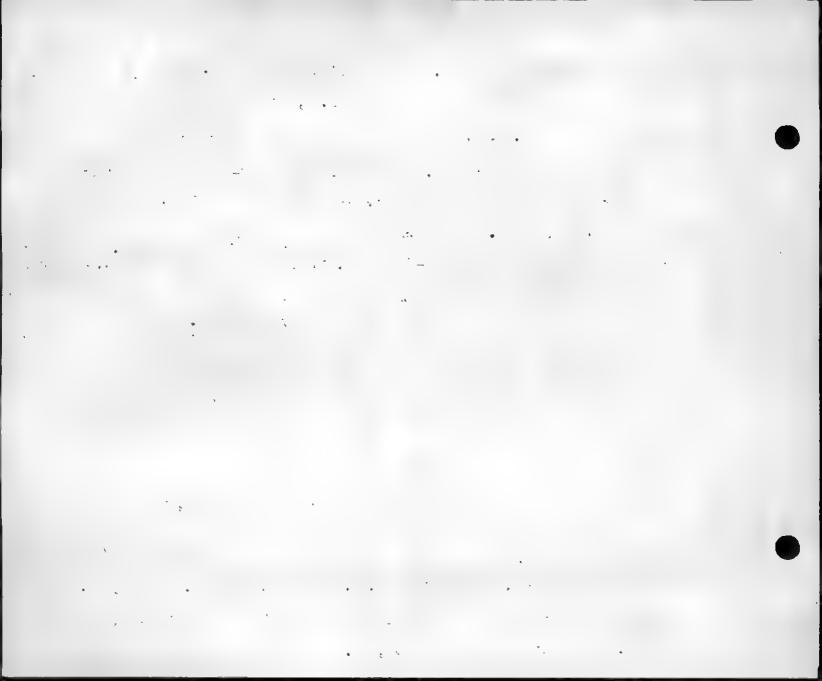


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF OFATH Lost 2b. HOUR DECEASED-NAME First Middle buriai-iransir permit. Then please remove carban papers. Pages-T and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death MARCH 25, 1968 JQ. (Type or print) **EVALYN** LYDIA MALIN 6. AGE (In years lost bathsloy) 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS FEMALE WHITE SEPT. 15,1884 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fore an 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 hay country) PENNA. U.S.A. BALTIMORE WIDOWED [7] DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR PRESEVTERIAN HOME INDUSTRY TOWSON 13c CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institut an. Residence before 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Odmission ARYLAND YES 🔀 BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First SAMUEL OGDEN MALIN HANNAH HARDCASTLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) PRESBYTERIAN HOME OF 30-5938 MD. TOWSON, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PARKINS PARKINSON DISEASE 4EARS Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GENGRALIZED ARTER 10 SCLEROSIS Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO Z 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from JAJ, 1960, ta MARCH 25, 1968, that (I) (we) last saw the deceased alive an MARCH 20, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did-not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 3-26-68 DEGREE director, page shauld be filed PHYS. 22d PHYSICIAN'S 22e. ADDRESS 7215 YORK RD. VÉNABLE NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 230. BURIAL, CREMATION, PIKESVILLE DRUID RIDGE 25a, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 DATMAR 2 8 1968 30M REV. 1/6



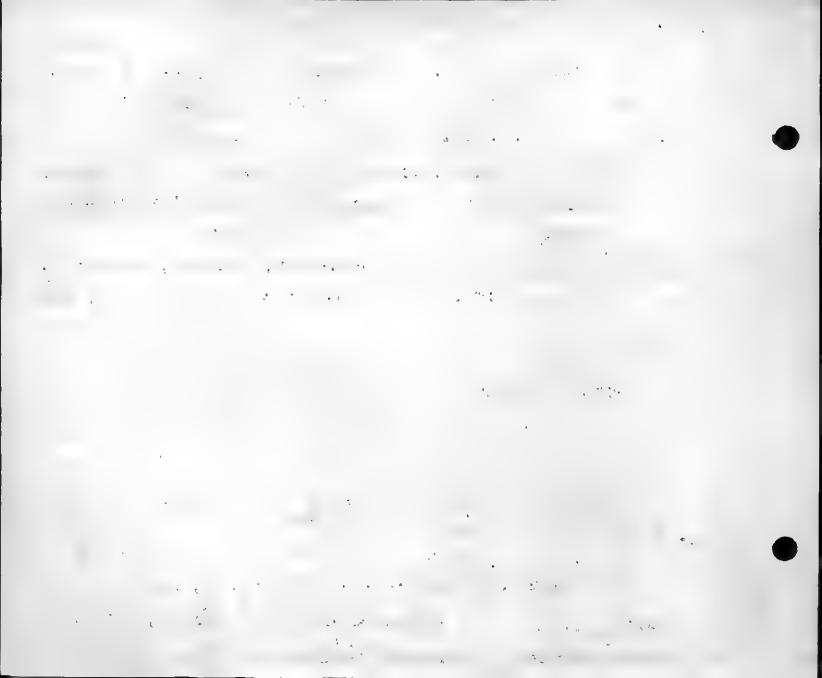
P - 5	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	age 4 may be retained by the haspital or ottending physician.	) FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon popers—rages 1 and 🗁	should be filed with the State Dept. of Health prior to burial, cremation, ar remayol, and in any event, within 72 hours after death.
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	~ 0	* 00			ERTIF	ICATE OF	DEATH				7 4 8
	ECEASED NAME Type or print)	First Alexand	ler	M.ddle P•		lost Malinov	vski	20. DATE OF DEATH	onth 10	1958	26 HOUR 7:307
3. SE	x Male		4 RACE White			Jan.	7, 1906	6 AG	E (In years birthdoy) YRS.	F JINGER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MAN
cour	BIRTHPLACE (Stote Marylan	à	U. S.	A.	WIDOW		RCED [	COUNTY OF DEATH	re		N
10. (	Dundalk	DEATH	give	ame of hospital or ins thee oddiess). Gr	egor	y Drive		OCCUPATION (Kind tof working life, ev 1—culp Loye		12b. KIND 0 INDUSTRY Barbe	F BUSINESS OR
13o. odm	JSUAL RESIDENCI	Where deceosed yland	13b. COUNBa	on. Residence before  ltimore		or town dalk	YES NO		t. Greg	gory Dr	ive
14	FATHERS NAME	first Vincent	Middle P.	Malinows				erine	M ddle		lost
160. N	WAS DECEASED E es, no, or unknow	ver in u.s. Armel n) (If yes give wor	D FORCES? or dates of service)	16b. SOCIAL SECURITY N 218-10-99				Dundalk alinowski		St. Gr	
		DEATH (Enter only ATH WAS CAUSED I	one couse per lin BY E CAUSE (o)	PULMO	NAF	RY HE	MMOR	HAGE		APPRÓ: BETWEEN	x mate interval Onset and death
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PULMONARY HEMMORAGE  Conditions, if ony, which gove rise to immediate cause (o).  (b) Conditions and the large								6	MO	
	stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)										
NC	PART 2. OTHER	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION	19o. DATE OF OPE	RATION 19b. CC	ONDITION FOR WH	ICH OPERATION WAS PER		20o. AUT YES	NO 😤	CAUSES OF DE			CERTIFYING
MEDICAL CE	OR CONTRIBUTION	WAS UNDERLYING  G CAUSE OF CEATH  medical examine	HOUR A.M. P.M.	Month Doy Year				noture of injury in P	ort 1 or Port 2,	Item 18.)	
ME	21d INJURY 00 While Not so of work of w	vork 🗀		( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		_	/	City or Tov		County	State
	22a. I certif sow the causes	y that (1) (this e deceased oliv stated abave,	haspital) atte ve an (I) (we) (did)	ended the decease (did not) view the b	d from 9.68, oady aft	and that in (r er death.	ny) (aur) opin	), to <u>he</u> ion death accurr			
	22b. SIGNATURE	Lepho	0. m	ochrio	Co o	EGREE PHYS	C29 DIR	D. STAF	F 🗆 22c	3/13/6	8
	22d. PHYSICIAN NAME (Type	) Stephe		ckowiak	M.		LL Holab	ird Ave.		c, Md.	51555
I	BURIAL, CREMAT REMOVAL Specif		L6/68	Holy R		or crematory y Cemete	ery		ltimore	-	(Stote)
24 J	funeral directors of the directors of th	uda, 792	2 Wise	Ave. Dunda	1k, 1	Md.	DATEMAR	1 4 1968	b. REGISTRARS	SIGNATURE	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0374 M.ddle Lost 20. DATE OF DEATH First 2b. HOUR 1. DECEASED NAME deoth. (Type or print) physician and completely filled in by the funeral CARL H. MARSHALL 6:15A M March offer vithin 72 hours after 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3 SEX dast birthogyl MALE WHITE 3/3/93 MONTHS requires that the death certificote be executed within 24 hoy/s 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED COMPREMANY U. S. CITIZEN BALTIMORE DIVORCED [ WIDOWED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY FORT HOWARD HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c CITY OR TOWN 13e, STREET AND NUMBER ond in any event, 136. INSIDE CITY & MITS? YES 🖂 2011 Woodburn Avenue RATITIMORE Middle 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no orunknown) (It yes give wat or dates of service) 212 22 17 14 CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

CARCINOMA HEAD OF PANCREAS WITH METASTASIS BETWEEN DISSET AND DEATH MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARCINOMA OF PROSTATE for use os the big Heolth prior to b O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [ Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty Stote While Nat while at work 22a. I certify that (b) (this haspital) attended the deceased from 3/11/68 saw the deceased olive on 19, and that is the \_\_, to\_3/25/68 \_\_, 19 and that inter() (our) opinion death occurred an the date and hour and from the saw the deceased alive oncouses stated obave, 10 (we) (did) total view the body ofter death. 22c DATE SIGNED 3/25/68 22b SIGNATURE ATTENDING MED DIRECTOR DEGREE 22d. PHYSICHON'S 22e. ADDRESS directar, pa should be f GEORGE C./MC ELFATRICK, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION (County) (Stote) BALTIMORE, MARYLAND BEHRY W Specify) BALTIMORE NATIONAL 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR KIRKLEY FUNERAL HOME VR ATS (4) 30M REV 1 X GLEN HURNTE, MARYLANDOMMAR 2



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

150

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death.			CEASED NAME First CARO	DLYN LAVIECE	M	Lost ASLIN	20 DATE OF MARCH	DEATH Month 4 Doy	1968	25. HOUR
Pours after hours after hours after		3 SE	FEMALE	4. RACE . WHITE	1	DATE OF BIRTH April 10,	L938	A. Mar / 100.2	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HR
- 2 2 C		7a. E cour	IRTHPLACE (Stote or foreign try) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED TO DIVORCED	9. COUNTY OF Baltin			,
within 24 bon pape within 7.			ty or town of death <b>Powson</b>	11 NAME OF HOSPITAL OR IN give street oddress)	h Hospi	tal during i		(Kind of work done ife, even if retired.)	12b KIND OF E	BUSINESS OR  L Secu
physicion ond complately for please remove carbon oval, and in any event, with		admi	Maryland	d lived, if institution. Residence before 13b. COUNTY	Baltim	ore YES	NO □ 320	FET AND NUMBER 05 St. Paul	l St.	
ote be exe	+	14. F	ATHER'S NAME First Paul	Middle Lost Thomas Masli:		MOTHER'S MAIDEN NAME	First Viece	Middle	Rosze	lost
ificote l nysicion please al, and			WAS DECEASED EVER IN U.S. ARMEI		NO. 17 INF	ORMANT	in514	Address Shipley Ro	ad-2109	90
requires that the death certificate be executed with a physicion. I signed by the ottending physicion old completely to burial-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with			PART I. DEATH WAS CAUSED	one cause per line for (o), (b), and (c) BY. E CAUSE (a) Uremia DUE TO, OR AS A CONSEQUENCE OF					APPROX M BETWEEN ON	AATE INTERVAL NSET AND DEATH
quires that the physicion. signed by the couriel-transit puriol, cremation			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) Diabetic g  DUE TO, OR AS A CONSEQUENCE OF	lomerul	sclerosis				
_ 2, _ 0 0		×	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO T	HE TERMINAL DISEASE O	RCONDITION GIVEN	IN PART 1(o)		
The law range of the has been use os the alth priar to	1	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PI		20a. AUTOPSY? YES <b>☆</b> NO [	CAUSES	YES, WERE FINDINGS CO OF DEATH?		RTIFYING
IAN ficot for for for for		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine	HOUR A.M. Month Day Year	r 19	' INJURY OCCURRED (En	ter nature of injur	/ in Port 1 or Part 2, It	em 18.)	
the hospi this certi detached e Dept. o		M	at work at work	PLACE OF INJURY ( AT HOME, FARM STREET, FA OFFICE BUILDING, ETC.		TION Street or R.F.D. N		or Town	County	State
ATTENDING stained by it CTOR: After should be			22a. I certify that (I) (this saw the deceased allocouses stated abave,	haspital) attended the decease ve an March (I) (we) (did) (did nat) view the	sed from Feb 19 60, and to body after de	o <b>rnary 2</b> , 19) that in (my) (aur) a ath.	68_, te <u>Ma</u> pinian death a	rch_4, 19_1 ccurred an the dat	68 , that a	(N) (we) lo
OR ATTI be retain SIRECTOR IE 3 shou			22b. SIGNATURE		DEGREE	11(13:	MED DIRECTOR	PHYS. X Mar	ate signed ch 4, ]	1968
SPITAL O 4 may be IERAL DII or, poge or, be filed	1		22d. PHYSICIAN'S INGS	Cilliani, M.D.		7620 York		wson, Md.	21204	
TO HOSPITAL OR A Poge 4 may be re TO FUNERAL DIRECT director, poge 3 should be filed w	nf		BUR AL, CREMATION, 23b. DA	7/68 Lord	CEMETERY OR CR	CCM,	Ba	N (City or Town)	(County)	(State)
VR A15 [4		24.	FUNERAL DIRECTOR	ADDRES	& Md.	2Sa, REC'D	R 6 19	68 PEGISTRAR'S S	SIGNATURE	100



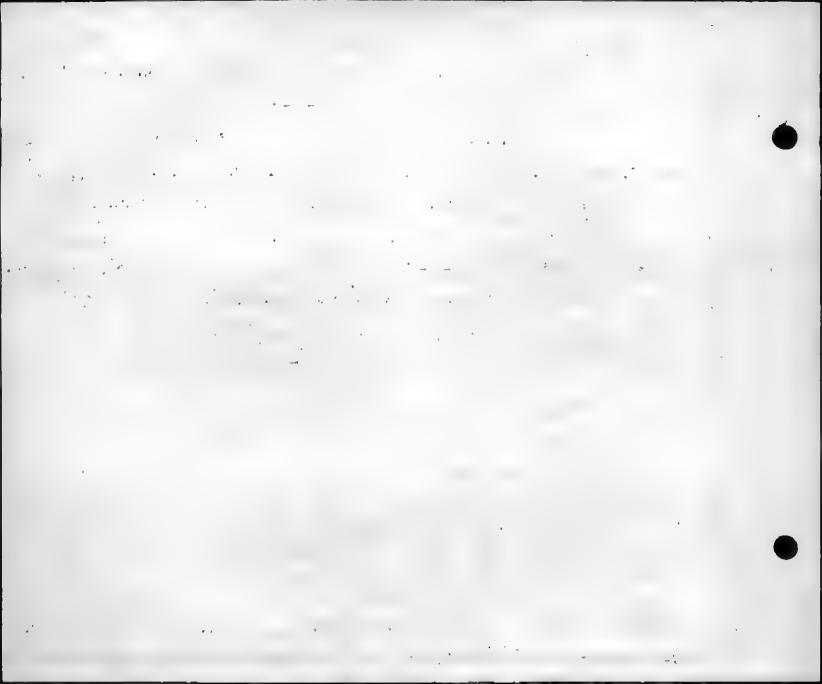
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93751 CERTIFICATE OF DEATH 2b, HOUR Middle Last 2a. DATE OF DEATH Erst DECEASED NAME requires that the death certificate be executed within 24 hours after death. funeral strand (Type or print) :50A M ROBERT MASON RALPH IF UNDER 24 HRS. 6. AGF (In years IF JINDER YEAR S. DATE OF BIRTH 3. SEX 4. RACE last birthdoy) DAYS MONTHS: 3/10/17 MATE NEGRO physician and completely filled in by the central papers. Page ovel, and in ony event, within 72 hours dood, 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED COUNTRY MARYLAND BALTIMORE U.S.A. WIDOWED DIVORCED | 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH DRIVER life, even if retired) TRANSPORTATION ADMIN. HOSPITAL FORT HOWARD 13o, USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES X 13b. COUNTY NO T BALTIMORE 2332 McCULLOH STREET 15. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Last ROCHESTER SALLY MASON ALFRED 16b SOCIAL SECURITY NO 17 INFORMANT Address 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) CLINICAL RECORDS, VAH, FT. HOWARD 212 09 34 35 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF THE CECUM 1 YEAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospital or attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. Stote / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work O FUNERAL DIRECTOR: After this 22a. I certify that (this haspital) attended the deceased fram FEB 20 , 1968, ta MAR 30, 1968, that (we) last saw the deceased alive an MAR 30 1968, and that in (table) (aur) apinian death accurred an the date and haur and fram the , poge 3 should be filed with the causes stated abaye, (we) (did) (state at view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. MED. DIRECTOR ATTENDING 3/30/68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S FORT HOWARD VAH. FORT HOWARD, MD. NAME (Type) ALFONSO A. LOPEZ director, 23d. LOCATION (City of Town) 23c NAME OF CEMETERY OR CREMATORY (State) 23b DATE (County) 23a, BUR AL, CREMATION BALTIMORE, MARYLAND REMOVINGPATY BALTO. NATIONAL CEMETERY 24. FUNERAL DIRECTOR LAURENS STREET MORE, MARYLAND 30M REV 1/68 MORTON & DYETT ALTIMORE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
G399 3/27/68 kk CERTIFICATE OF DEATH CERTIFICATE OF DEATH 2b. HOUR A Lost 20. DATE OF DEATH DECEASED NAME First Middle death Month (Type or print) neral MATANI ALFRED 3:30 M March S. DATE OF BIRTH sransit permit. Then please remave carbon papers. Pages 1 crematian, ar remaval, and in any event, within 72 haurs after 4. RACE 6 AGE (In years F JINOÉR 1 YEAR IF UNDER 24 HRS 3. SEX lost birthdoy) February 24,1896 White Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) requires that the death certificate be executed within 24 h, the attending physician and campletely filled in sit permit. Then please remave carban papers. Baltimore WIDOWED [7] DIVORCED | Italy 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) St. Joseph Hospital INDUSTRY Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136. INS OF CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY NO [ 3021 Lavender Ave. 21234 Baltimore Maryland 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Orsini Matani Filomena Sabatino 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If was give war or dates of service Matani (Wife) 3021 215-32-1578 Maria Lavender Ave APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) signed by the attendir burial-transit permit. Ventricular Fibrillation DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) Acute Myocardial Infarction rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerotic Cardiovascular Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the t aith priar ta b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X be detached for use State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while of work 220. I certify that (i) (this haspital) attended the deceased from March 12, 19, 68, to March 14, 19, 68, that (i) (we) last saw the deceased alive an March 14, 19, 68, and that in (my) (aur) apinion death occurred on the date and hour and from the 3 shauld | |with the S couses stated above, (1) (we) (did) (did not) view the bady after death. 22b\SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. director, page 3 shauld be filed v DEGREE March 14,1968 PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 7620 York Rd., Towson, Md. 21204 Jaime Singzon, M.D. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (State) REMOVAL (Specify) 4430 Belair Rd. Balt.Md. March 18/68 Holy Redeemer Cemetery ADDORESS High St. 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) ~ 30M REV, 1/68



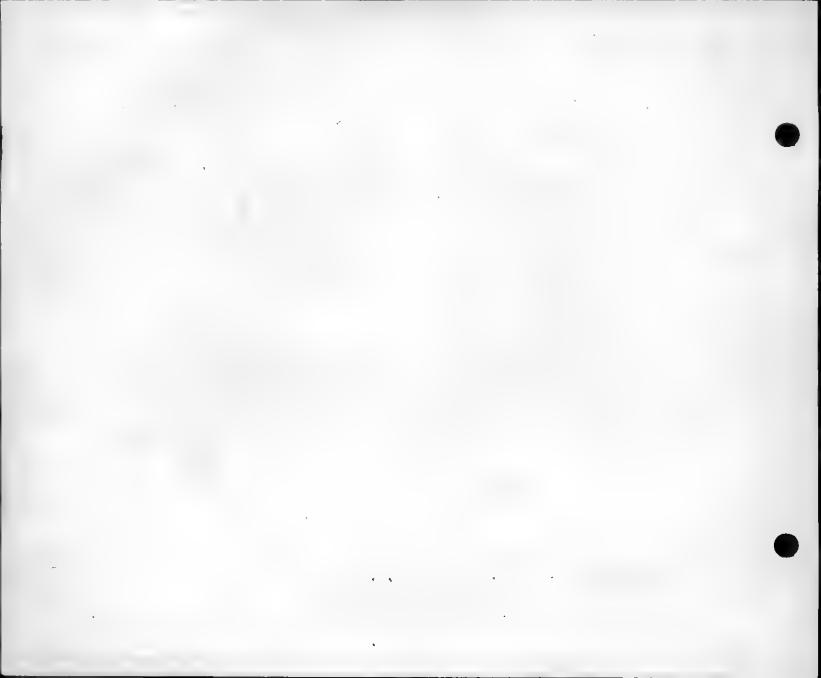
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03753 CERTIFICATE OF DEATH DECFASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR 24 hours after death (Type or print) F. **R** 3 George May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost bighdoy) HOURS 9-14-99 Male White 7o BIRTHPLACE (Stote or foreign physician and campletely filled in by 7b, CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED country) Baltimore U.S.A. WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (King of work done 12b KIND OF BUSINESS OR give street oddress) withir Baltimore CountyGanna Mos working life, even if retired) Randallstown . Md. construction 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 200 13c CITY OR TOWN 13e STREET AND NUMBER 3d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE 13b. COUNTY Balto. Randallstown YES -3703 Offutt Rd. 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle George F. May Sr. Johnna Pausch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) 215-10-3838 Mrs Nellie S. May 3703 Offutt Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) RUPTURED anche your of about acres signed by the attending burial-transit permit. The PART I, DEATH WAS CAUSED BY, -Cerebral AS Disease Acute Coll-A IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; ase to 'mmediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗔 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.1) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from. 1968 saw the deceased alive an-, and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 12c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S BC314 NAME (Type) BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City or Town) (County) (Stote) 3/5/68 Moreland Memorial Balto 3/ Balto 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



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TO FI	230	BURIAL, CRE/	MATION, 23b	DATE	23c NAM	E OF CEMETERY OR C	REMATORY	23d	LOCATION (City or To	own)	ounty) (St	tote)
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<u> </u>	Itim 18-24 film 399 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		43755
HEALTH DEPT	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	
ay is 3 to and is	(Type or Print) MYRTLE McCOY DEATH MATED March	148 68 9:0
- m	3 SEX 4 RACE S DATE OF BIRTH (2) 6 AGE (in years of UNDER 24 HRS 20 DATE PRONOUNCED DEAD MINH Month Day Months Days	2d. HOUB
Paris de	Female   White   17 70 yrs   March 14,	Year 1968 9:00M
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offer death 8. Give Pages alang with far with the State leath.	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work done 12b during most of working life, even if retired)  129 Poplar Road	KIND OF BUSINESS OR DUSTRY
er d sive ng v n the	Essex give street address) during most of working life, even if retired ) IND  130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d WISIDE CITY LIMITS? 13e STREET AND NUMBER	
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	160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   16b SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   17. INFORMANT   ADDRESS   18   18   18   18   18   18   18	
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ould be executed vord "pending" in per Chief Medical Exal-transit permit. Filany event within 7	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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be execute 'pending'' lef Medica' nsit permit	Conditions, if ony, which gove )	
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	factory office hulding etc.)	County State
EXA Ute uge yai	AT WORK IN THOSE Sex F	Balto Mi
bical EXAMINER: please execute the cert director. Page 4 should retained for your files. DIRECTOR: Page 3 shou ar to burial, cremation,	22o. I certify that I took charge of the remains described above, held on Autopsy 🔀 , Inspection, Inquiry,	ond in my opinion
Slease e directar etained DIRECT	deoth resulted from: Noturol causes, Accident ZZ, Suicide, Homicide, Undetermined monner	
y, please y, please se retained brian to prior to	ACTUAL Chief Medical Examiner ( ) 226 DATE SIGNATURE ( ) 227 DATE SIGNATURE ( ) 228 DATE SI	NED
LITY Price Per Price Pri	SIGNATURE TO STANDARD TO STAND	3-15-68
no DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far yaur of funeral DIRECTOR: Page Health priar to burial, crem	EXAMINER'S   Ronald N. Kornblum, M.D.   ADDRESS(Street, city, town, or county)	
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8	DUN 13 - VISITION	hd,
VR A15ME (5)	124 FUNERAL DIRECTOR DEADLEY, Descholles, Md, 250 REC D BY REG STRAR 256 REG STRAR S SIGN	AIJRE II
10M REV. 1/68	MAR 1 8 1968 / Chance	2 3



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PUK STATE	1 Di	CEASED NAME First	MEDICA	Middle		ost	20 DATE KN	OWN Month	Day Year	2b. HOUR
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+ 0 5	MEDICAL	PRIMARY OR CONTRIBUTING [ CAUSE OF DEATH	HOUR A.M.	19						
(AMINER: te the cert je 4 shauld rour files. age 3 shaul cremation,	景	21d INJURY OCCURRED 21e	PLACE OF INJURY (At I		21f LOCATION	Street or R.F.D. No.	City or	lown	County	State
EXAMINER: cute the cerrage 4 shaul r your files.: Page 3 shaul it, crematian		AT WORK AT WORK	crary, arrice bollaring, i				<u></u>			
CAL EXECUTOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	ļ	22a. I certify that I t	ook charge of the	remoins describ	ed obove, held an	Autopsy,	Inspection 🔀	Inquiry [	and in n	ny opinian
AICAL Release exect director. Po Director. Po DIRECTOR: or to bur of tr. to bur of tr.		death resulted fram:	Natural causes	Accide:	nt 🔲, – Suicide [	, Homicid	le 🔲, Undeter	mined manner		
olineth direct direct direct direct bir to bir		ACTUAL 19.00	C D-A	20		CHIEF MED CAL		not Bath	r clours	/
Ty ple y, ple sral di se retre RAL Di priar		SIGNATURE	c las	X CAN	M D		1	22b DATI	3/C/C	. d
o DEPUTY necessary, p the funeral 5 may be re 5 to the Feath Heath prid		EXAMINER'S NAME (Type)	a CV	Alloo	C 2 11 1		L EXAMINER COUNTY	)	0/2/6	1
necessor the fun 5 may 70 FUNE Hearth Hearth	23n	7112	DATE	23c NAME OF	CEMETERY OF CREMAT		23d LOCATION (C		(Caunty) (1	State)
F -		REMOVAL (Specify)	-9-1968			th Cemet	· ·	amore	. ,,	d.
K.	24	FUNERAL DIRECTOR	7-1/40	ADDI		25a RECT	BY REGISTRAR	25b REGISTRAR S	SIGNATURE	
VR A15ME (5) 10M REV 1/68	J	ment and race	enel Home	7401A	Danie Peral	DATE MA	AR 1 1 196	Billio	réar fress	-



Baltimore, Maryland

1968

250 REC'D BY REGISTRAR

2Sb. REGISTRAR S SIGNATURE

Charley Joseph

after 24 haurs requires that the death certificate be executed within burial, crematian, ar remaval, and in any evel ficate has been s far use as the t f Health priar ta b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be filed v 30M REV. 1/68 1. DECEASED NAME

admission) STATE

14 FATHER'S NAME

CERTIFICATION

24. FUNERAL DIRECTOR

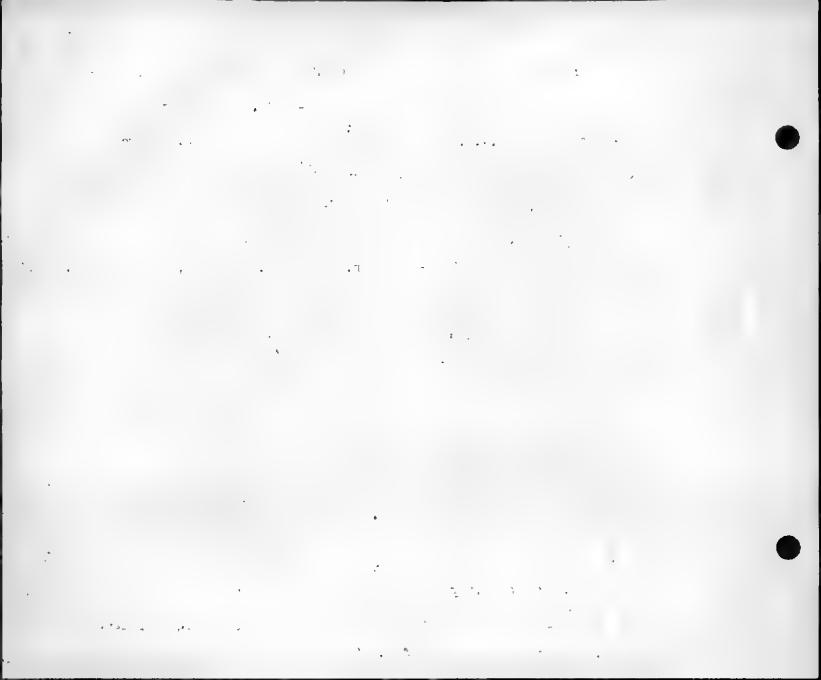
3-6-1968

Howard H. Hubbard, 4107 Wilkens Ave.

**ADDRESS** 

3 SEX

(Type or print)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED NAME 20. DATE OF DEATH 2b. HOUR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs a<u>fter</u>-death. (Type or print) March 1968 Collette Barbara McDonald 1906 6. AGE (In years 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF JINDER 24 HRS 3. SEX signed by the attending physician and completely filled in by the to burial-transit permit. Then please remave carban papers. Pages burial, cremation, ar remaval, and in any event, within 72 haurs after Female White November 18. Deoz 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) Maryland Baltimore USA WIDOWED 😿 DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) St **INDUSTRY** Baltimore Joseph 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY YES -NO 🗌 722 Walker Avenue Baltimore IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Lost Pfaff Michael Clara S. Petri 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) Mrs. Collette Nickol (Same) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) 7 Tro DUE TO, OR AS A CONSEQUENCE OF ? Conditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Realth prior tall 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔼 NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED
While Nat while at work 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** 3-19-68 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S Chase Street Lawrence M. Serra, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) PEMOVA. (Specify) 3/23/68. Holy Redeemer Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balte.Md. 21214 Ocharles 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

.3777 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaines that the dianth certificate be executed mithin 24 hours after denth

Page 4 may Le retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 house of

VR A15 (4) 30M REV. 1/68

uneral

Poges

\* 0 \* 1

	ECEASED-NAME	First		Middle		Lost		2a. [	DATE OF DEATH			2b_HOUR 11:35
	(Type or print) Leonard S.				McGlothlin				Month Marc		1968	11 33
3 5	EX		4. RACE		3	DATE OF E	URTH	,	6 AGE (II	veors	F JNDER YEAR	IF UNDER 24 HRS.
1	lale		White			April	21, 19	917	last birt	50 YRS.	ONTHS DAYS	HOURS M.N.
	BIRTHPLACE (Stole or	foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED EX	NEVER MA	RRIED		NTY OF DEATH			
(00)	otry) <b>/irginia</b>	- 1	U.S.A.		WIDOWED	Divo	RCED 🔲	Ba	ltimore,			Md.
10.	CITY OR TOWN OF DE	ATH		AME OF HOSPITAL OR INS	TITUTION (If not	in hospital			PATION (Kind of v		12b KIND OF INDUSTRY	BUSINESS OR
	owson			ST. JOSEPH	HOSPIT	'AL	Boo	ctor	orking life, even	al The		.)
13o	USUAL RESIDENCE (V	Vhere deceose	d lived, if institut	ion Residence before	1		13d. INSIDE CITY LE	MATS?	13e. STREET AND N	IUMBER	-	
	ssion) STATE			Baltimore	Towsor		YES NO		1420 E.		Rd.	
14.		First	Middle	Last	15.	MOTHER'S N	IAIDEN NAME F			M-ddle		Lost
			McGloth]					NeT	lie J.	McGlo	thlin	
160	. WAS DECEASED EVER Yes, no or unknown)	IN U.S. ARMi If yes give wa	ED_FORCES? Ir or dates of service)	16b. SOCIAL SECURITY N 221-07-486		FORMANT	4 - C N	f = 07	. 1171.	Address		
	1					· nor	is C. M	1CUL	ethlin	(5)	ame)	IMATE INTERVAL
	18 CAUSE OF DEA PART I. DEATH			ne for (a), (b), and (c).)		*						DISET AND DEATH
	TAKE IS DESCRIBE	IMMEDIA	E CAUSE (o)	Spontaneor	us intr	a-cer	ebral l	hemo	rrhage		-	
	C 155	4	DUE TO, OR A	AS A CONSEQUENCE OF								
	Conditions, if any, rise to immediate		(b)									
1	stating the underl	ying cause	DUE TO, OR A	AS A CONSEQUENCE OF								
	lost.	,	(c)									
1	PART 2 OTHER SIG	NIFECANT CONI	DITIONS CUNTRIBU	ITING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE OR C	CONDITIO	ON GIVEN IN PART	1(0)		
NO	19a. DATE OF OPERAL	rion Tion C	ANDITION FOR HEL	IICH OPERATION WAS PER	CODUCE	20a. AUT	DDCNO		20b. IF YES, WERE	TINDINGS CON	EIDEDED IN C	EDTIEVING
CERTIFICATION	170. DATE OF OPERA	HON 170. C	ONDITION FOR WIT	IICH OPEKAHON WAS PER	TOKMED	YES [		1	CAUSES OF DEATH		DIDEKED IN C	EKIITING
ERT	21a. ACCIDENT WAS	SEINDERLYING	3 21b. TIME OF	FINITIPY	1314 HUA			7	of injury in Port 1	or Port 7. Ho	nn 18 )	
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Day Year		r mook i oc	COUNTD (TIME)	Haltite	or anjusy in ross i	or roll 2, ne	10.)	
MEDICAL	flf either, natify mo			7 AT HOME FARM STREET FAC		ATION Stee	et or P.E.D. No.		City or Town		County	State
	While Nat while	°	DICE OF INJORT	( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	7 211. 100	Allon Sile	EI UI KA V. NO.		cut or rows		coonty	2(0)6
	at wark of work	hot (W. /thi	s hospital) att	ended the decease	d from	3/3/	19 (	58	tn 3/5/	19	68 that	(A (wa) last
П	saw the d	eceased ali	ve on 3/5	(did nat) view the t	968, ond	thot in (n	ny) (aur) opi	inion d	leoth occurred	on the dote	ond hour	ond from the
1		ted abave,	(I) (we) (did)	(did nat) view the t	oody ofter de	eath.						
	22b. SIGNATURE					ATTEND	NG - N	AED.	STAFF		TE SIGNED	30/0
		14/2	x. K	DALR	DEGRE	PHYS		AED. DIRECTOR	STAFF PHYS.	X Mar	ch 5,	1968
	22d. PHYSICIAN'S NAME (Type)	Ramo	on P. Lo	pez. M.D.		22e. AD	O York	Rd.	, Towson	. Md.	21.204	
-					CHICTON O- C							
230	BURIAL, CREMATION REMOVAL (Specify)	, 23b. D	3/9/68.	23c NAME OF C	temetery or come			23d	LOCATION (City or		(County)	(Stote)
20	FUNERAL DIRECTOR		2/3/00.	ADDRESS	A Ceuse	rery	aca bitin b	SA BEGIS	Rolands			
	nonerat pikterok	Puole	The Bot	11001010	ודכ		- MAR	REGIS	TRAR 25b.	Cliane	A Your	and a



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First M ddle Lost 20. DATE OF DEATH 2b. HOUR after deoth puo (Type or print) Month LeMOYNE McLANAHAN ROMAINE 4 RACE S. DATE OF BIRTH 6. AGE (In years UF LINDER LYEAR last birthday) MONTHS White 12-26-1870 Female requires that the death certificate be executed within 24 hours. 7a BIRTHPLACE (State or Foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Illinois USA WIDOWED IX DIVORCED [ Baltimore physicion and completely filled en please remove corbon pope 120. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired )
Homemaker give street oddress) INDUSTRY Caves Rd. Owings Mills Own Home 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNT'Balto. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Caves Rd 14 FATHER'S NAME Middle last IS, MOTHER'S MAIDEN NAME First LeMoyne Julia Murraw John Valculon 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, or unknown) 218-09-3490 Frances C. Taliaferro Above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NOTE 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (I) (this hospital) attended the deceased from 1968, to 4, 1968, that (I) (we) last saw the deceased give an 1968 and that in (my) (con) apinion death accurred on the date and haur and from the causes stated above, (I) (see) (did) (did not) view the bady after death. 226 BIGNADURE ATTENDING director, page 3 DIRECTOR PHYS. 22e. ADDRESS NAME (Type) Dr. Palmer F. C. Williams Linson Rd., Balto., Co., Md. 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION, (Stote) 3-7-68 St. Thomas 1 Garrison Forest Md. 2So. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd. BaltoMAR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Luzetta MEARS 4. RACE 3 SEX IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years the ottending physician and completely filled in by the first permit. Then places remove corban papers. Pages White Female 2/2/29 lost birthdoy) MONTHS DAYS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED Pennsylvania U.S.A. WIDOWED [ OLVORCED Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Rosewood State Hospital during most of working life, even if retired.) INDLISTRY event, wit Owings Mills none 30. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY (IMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY YES Ju Baltimore 1501 North Hilton Street ond in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost Howard Ida Walpert Mears 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) or removol, Rosewood Records, Owings Mills, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

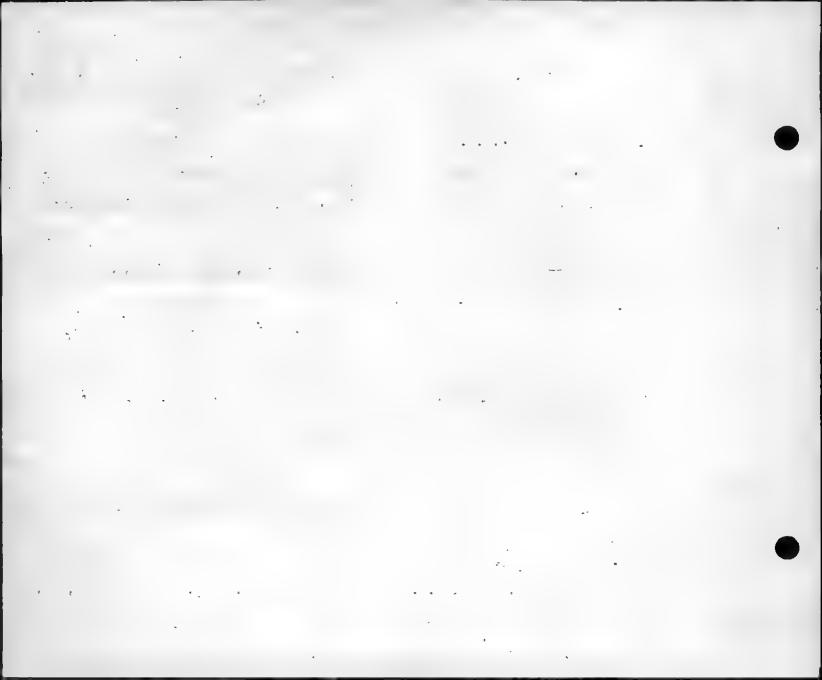
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) cremation, OUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) a v Cinoss nse to immediate couse (a). OUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1(a) offending p hos been s ise os the b th prior to b CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO 🔲 for use the hospital or O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor 5 (If either, notify medical examiner) P.M. detoched 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21E LOCATION Street or R FD No. City or Town County Stote OFFICE BUILDING, ETC White Not while at work 19 44 7/24 22a I certify\_that (19 (this haspital) attended the deceased fram\_\_\_\_ 19 68 pe Poge 4 may be retained by 3/0-\_1968, and that in (gov) (our) opinion death accurred on the date and have and from the saw the deceased alive an\_ ъ causes stated above, bb (we) (did) (dubmat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS 3/11/68 director, poge 3 should be filed DEGREE PHYS 22d PHYSICIAN 22e. ADDRESS NAME (Type) Richard A. Jones M.D. Rosewood St. Hosp., Owings Mills, Md. 23 NAME OF CEMETERY OR CREMATORY 230 BUR AL, SREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) (County) (Stote) GrotoNS All WOOD COMACK

ADDRESS

25o. REC D BY REGISTRAR

REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68 24. FUNERAL DIRECTOR



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

114380	V		(	CERTIFI	CATE OF	DEATH				0.3	760	9	
1 DECEASED-NAME	First		Middle		Lost			20. DATE OF DEATH			2b. F	HOUR	
(Type or print)	JAME	S	WILLIAM		MAHGEM	DEHAN		MARCH Month 27.		1.968	3:	35 <sup>M</sup>	
3. SEX	X 4. RACE				5. DATE OF BIRTH   10. AGE (IN YEARS						IF UNDER	24 HRS.	
MALE WHITE			NOVEMBER 5, 1894   lost birthdoy) YRS.						MDNFHS DAYS	HOURS	MIN		
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF W			AT COUNTRY?	NEVER MARRIED 9 COUNTY OF DEAT			OF DEATH						
country) MARYL	AND	U.S.A.		WIDOWE		RCED 🗍	BAJ	TIMOR	E.			Md	
10. CITY OR TOWN OF E	DEATH		ME OF HOSPITAL OR INS					ON (Kind of		12b. KIND OF	BUSINESS	OR	
TOWSON		give si	ST. JOSEP	H HOS	PITAL	Offi	ceM la	na ger	(Reti	red)			
13a. USUAL RESIDENCE odmission) STATE	(Where deceoses	lived, if institution 13b. COUNTY	on: Residence before	Balt:		YES X NO		STREET AND		e Way			
14. FATHER'S NAME	First	Middle J <b>nknown</b>	Lost		1S. MOTHER S N	AIDEN NAME FI	irst	Unkno	Middle		Lost		
16a WAS DECEASED EV Yes, na, as unknown)	ER IN U.S. ARME (It yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURITY N 213-05-0		INFORMANT	liam Me	ehan,	2209	Address Fleet	wood Av	· #	14	
Canditians, if ony rise to immedia stating the unde last. PART 2 OTHER SI	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										ONSET AND DI	EATH	
19g. DATE OF OPER	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER					RFORMED 200. AUTOPSY? 20b IF YES, WERE FINDING: YES NO CAUSES OF DEATH?				CONSIDERED IN CERTIFYING			
OR CONTRIBUTING (If either, notify r 21d. INJURY OCC.)	210. ACCIDENT WAS UNDERLYING  DRICONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year  P.M. 19  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1 or Port 2, 1 or Port 2, 1 or Port 3, 1 or Po							Item 18.) County					
22g L certify	22a. I certify that (II (this haspital) attended the deceased fram MARCH 16, 1968, taMARCH 27, 1968, that (II (we) lass saw the deceased alive an MARCH 27, 1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.												
22b. SIGNATURE	KCi.	llia	)		GREE PHYS.	NG D	NED IRECTOR [	STAFF PHYS.	<b>22</b> c.	DATE SIGNED rch 27,			
22d PHYSICIAN S NAME (Type)	PHYSICIANS Thes Cilliari, M.D. 22e. ADDRESS 7620 York Rd., Towson, Md							. 21204					
230 BUR AL, CREMATIO		/30/68.	23c NAME OF Holy		r crematory	etery	23d LOC	ATION (City o Baltir	r Tawn)	(County)	(State	}	

25b. REGISTRAR'S SIGNATURE

2So REC'D BY REGISTRAR

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban poff director, page 3 shauld be detached tor use as the variation, cremation, or removal, and in any event, within shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

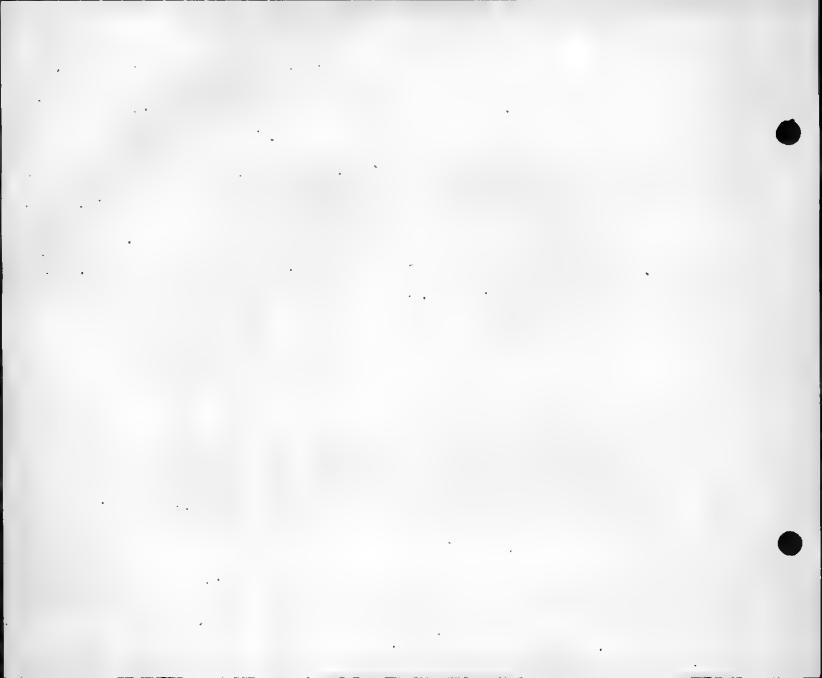
24. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Balto. Md. 21214

VR A19(4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED NAME Middle 20 DATE KNOWN A Month Yeor (Type or Print) DEATH MATED MAR OF UNDER I YEAR F UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Fema 1e White 10/14/20 7a. BIRTHPLACE (State or foreign 76. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) BAZITMORE W DOWED DIVORCED IZ Maryland USA TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Elkridge Estates Funeral Home 13d. MSIDE CITY DAMES TO STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN admiss on) STATE 136 COUNTY YES NO J Elkridge 6011 Huntridge Rd. Item 1 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME William . Arthur Darby Lilian 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, or unknown) 218-34-0387 Lilian B. Darby, 6011 Huntridge Rd. Elkri within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH YOCARDIM INFARCTION PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ricote 21g. EXTERNAL CAUSE WAS 2 b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, item 18) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn Caunty State factory, affice building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy , Inspect on ... Inquiry 🖾 ond in my opinion Noturol causes (4. Accident | Suicide | Homicide | deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health ADDRESSISTRED, AND JOWN of 46 and BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 3/16/68 Loudon Park Cemetery Baltimore Md. 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



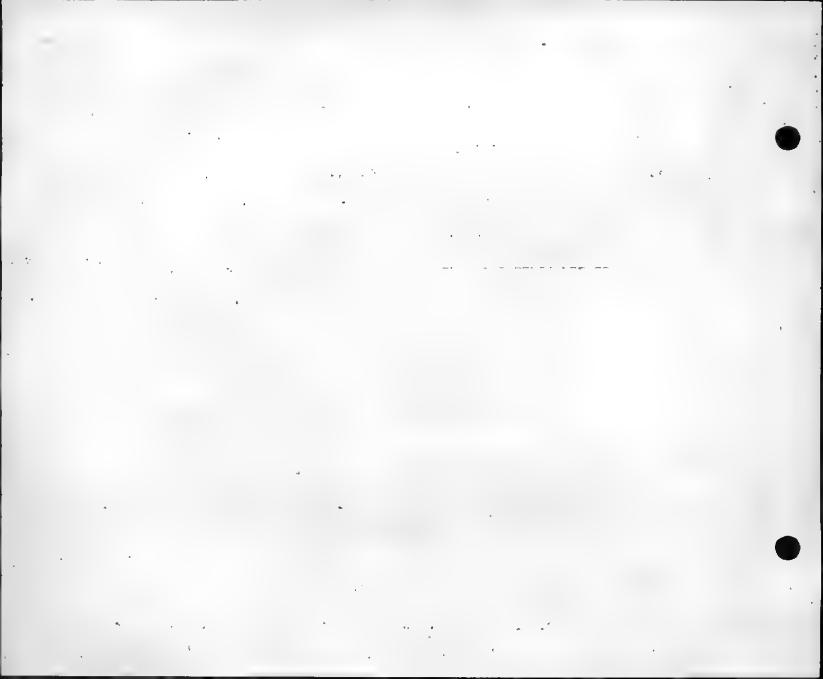
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

//							10/112 01									
		DECEASED-NAME First (Type or print) LILY		Middle B.		Lost MENCHINE				are of Deal	TH Month 31 Day	1968	ar	2b. HOUR		
	3. SE.	Х		4. RACE			S. DATE OF BIRTH			6. AGE (In years				UNDER 24 I		
		Female		Ca	u,		March 10, 1875					MONTHS	QAYS H	OURS	MIN	
	70 B	BIRTHPLACE (Stote or	foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED 🔲 NEVER MA	RRIED 🗀	9. COUN	ITY OF DEA						
	Wa	ry) ashington	, D.C.	U.S.A				RCED 🔲		Balti					Md	
	10 C	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR IN				ISTITUTION (If not in hospital   120 USUAE OCCU							12b. KIND OF BUSINESS INDUSTRY			
2	Baltimore 21234 Till Pell					m Wood Road Ho			<u>louse</u>	wife		Home				
~	13o. odmi	USUAL RESIDENCE (Nassion) STATE Ma:	Where deceased	lived, if institution: Residence be 13b. COUNTY Baltimore		[13c, CIT)	OR TOWN	YES N	(IM TS?		AND NUMBER					
,						Balt	imore		21.71	1117	Pelham Middle	Road				
/	14 F	ATHER'S NAME	first	Middle	Lost	IS. MOTHER'S MAIDEN NAME F							Last			
			nrad		unce				itzey							
	160 Y	WAS DECEASED EVE es, na, ar unknawn)	(If yes give war	or dates of service)	16b. SOCIAL SECURITY		17. INFORMANT	4.7.1			Address Manor	Rd.	Gler	A	rm.	
	H				213-48-2		Judge W.	Alber	rt Me	enchin	ie.		PPROXIMAT.	INTERVAL	_	
		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Carewone of Bladleur								BETT	BETWEEN ONSET AND DEATH					
-1		100		CAUSE (o)	Caren	KON	us es	Ma	ad	w			I spar			
	П	DUE TO, OR AS A CONSEQUENCE OF														
		Conditions, if ony, which gove (b) (b)														
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF														
		lost. (c)														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)														
	<u>80</u>	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? / 20b. IF YES, WERE FINDINGS COI										UNSIDEBEL	NEIDEDED IN CEDTIEVING			
	FICA	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO 206. IF YES, CAUSES OF D  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in								ONTOPERED	IN CENT	II TING				
Z	ERT	21a ACCIDENT WA	S LINDERLYING	21b. TIME OF	INHIDA	T21	c. HOW INJURY OC			of mure in	Part 1 or Part 2	Item 18\		-		
		OR CONTRIBUTING [	CAUSE OF DEATH	HOUR A.M.	Month Doy Yea	r	t. NOW HOOK! O	CORNED (EIII	gi morque	or miloty m	rati i Gritaniz,	110111 1017				
	MEDI	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19  2 Id INJURY OCCURRED 21e PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County										County		Stot	a	
		While Not while of work of work											210.			
		22a Leartify	that (1) Ithis	hasnital) atte	anded the decor	sed fram	Filo	2 19	67	to area	23/19	62	that //	) /wal	Ins	
		22a. I certify that (1) (this haspital) attended the deceased from 10 2, 19 4, to way 1 last saw the deceased glive an 2 2 49 68, and that in (my) (our) apinion death accurred an the date and hour and from the														
			ated abave,	(I) ( <del>wo</del> ) ( <del>did</del> )	(did nat) view the	body af	ter death.									
į		22b. SIGNATURE	,	1	$\sigma$	44 ===	ATTEND	ING -	MED.	ST.	AFF - 22c.	DATE SIGN	168	)		
			corge	114000	cyc "	4-1			DIRECTOR	PH PH	IYS. L. 4	1101	60			
		22d. PHYSICIAN'S NAME (Type) & EORGE SAWYER M.D. 22e. ADDRESS LABOR HANDOW Rd.														
1	8.0							000			TO TO	V E	1	ICA A. L		
)	230 D	30 BURIA_CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  BULL 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  Woodlawn, Mary						1	(County Date I	1	(State)					
1							<u> </u>	2Sa. REC'D			25b REGISTRAP		E (1)	105		
1	Ŵπ	FUNERAL DIRECTOR	rooks T	owson,	1050 York Towson, M	Road	i and 2120		PR 3	3 _ 19	68 / Jec	ions	o you	A	•	

10 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remave corbon papers. Pages permit should be filed with the State Dept. af Heolth prior to burial, cremation, or removal, and in any event, within 72 hours after deat Poge 4 may be retained by the hospital or attending physician.



25a REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24 FUNERAL DIRECTOR

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## MARYLAND STATE DEPARTMENT OF HEALTH 3784 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a, DATE OF DEATH requires that the death certificate be executed within 24 Laurs after death (Type or print) 3-12-68 Manth Clara Miller Μ. 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (In years Signature (Signature) Female Cauc. 12-8-1880 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED | NEVER MARRIED | country) Germany U.S.A. WIDOWED X DIVORCED [ Bal to . 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind at work done 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give the seemlow Rd., Balto., Md. Housewife Housewife Baltimore remave carban physician and campletely en please remave carbar 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Marvland 13b. COUNTY Balto. YES NO x Balto. 315 Greenlow Rd., Balto.21228 14. FATHER'S NAME Erst Last 15 MOTHER'S MAIDEN NAME First Middle William Mayenberger Elizabeth Seeli Mayenberger 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknawn) Miss Hilda E. Miller 315 Greenlow Rd. Balto. signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19g, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO. 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCEURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town While Nat while at wark be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c DATE SIGNED TMED DIRECTOR ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. J. Nelson McKay 6014 Edmondson Ave. Balto. Md. 21228 director,

23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BUT 1 & I metery Day REGISTRAR 250 74 A D 1 4 1968 3-16-68 New Cathedral Cemetery Balto. REGISTRAR'S SIGNATURE 4101 Edmondso Moray enue 24. FUNERAL DIRECTOR Witzke Funeral Directors, Balto., Md. 21229

03766

12b KIND OF BUSINESS OR

#F JNOER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

Md. 21228

State

County

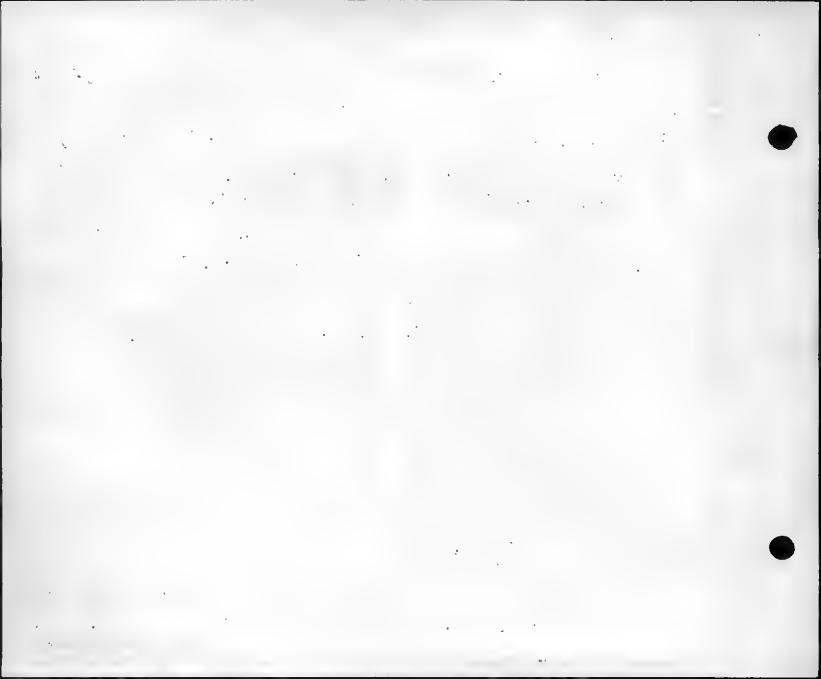
BETWEEN ONSET AND DEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J2785 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED NAME First 2b HOUR Month (Type or print) LEONARD MILLER MARCH IF UNDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthday) HOURS by the attending physician and campletely filled in by the transit permit. Then please remave carbon papers. Page: crematian, ar removal, and in any event, within 72 hours at WHITE MALE SEPT. 12 1912 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X XNEVER MARRIED country) U.S.A. DIVORCED [ BALTIMORE BALTIMORE 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within PIKESVILLE 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE YES DEERETEID IS. MOTHER'S MAIDEN NAME First 14. FATHER S NAME Middle Last HARRY LENA HEYMAN MILLER 16b. SOCIAL SECURITY NO. Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) 7025 213-01-854 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140) O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port ? or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, notify medical examiner) be detached / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b, SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS director, page strong be filed 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) RAMAPURAM GEORGE 3502 CROYDON ROAD should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) (Stote) 230 BURIAL, CREMATION 3-3-68 ISRAEL MARYLAND BALTIMORE 25b. REGISTRAR'S S GNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A 6010 REISTERSTOWN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 G399 11/3/68 loke CERTIFICATE OF DEATH Middle DECEASED NAME First Last 2a. DATE OF DEATH 26. HOUR requires that the death certificate be executed within 24 haurs after death. NNIE (Type or print) IZAbEth 4. RACE 6 AGE (In years 3 SEX DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS 1.913 YRS hau 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH physician and campletely filled in puriai-iransit permit. Then please remave carban papers. burial, cre≡ation, ar remaval, and in any ≡v≡nt, within 72 h DIVORCED WIDOWED [ 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR street addless! work no life, even if retired ) attending physician and compression sermit. Then please remave carban TAUISON 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR, TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE NO X 14 FATHER'S NAME Fiest IS. MOTHER'S MAIDEN NAME First GEORG Gladys 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 JNFORMANT Address Yes, no, of unknown) (If yes give war or dates all service) -03-31/16 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSPOLIENCE OF physician. stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been s ise as the t th priar tab attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X Health g Page 4 may be retained by the hospital ar this certificate 21a. ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year o. (If either, natify medical exominer) P.M. detached State Mept. 21d. INJURY OCCURRED 21e PLACE OF INJURY [ AT HOME, FARM, STREET FACTORY, ] 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 3 - 7 - , 19 65, ta 3 - 25, 19 65, that (I) (we) last care the deceased alive an 3 - 28, 19 65, and that in (my) (aur) apinian death accurred on the date and haur and from the O FUNERAL DIRECTOR: After 3 - 25 , 19 65, that (i) (we) last þe director, page 3 shauld causes stated abave, (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Free NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Baltimore Md. Shenezer Cemetery Co. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 4 APR 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First " Middle Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 hours after death JONNIN GB erdege Month 3 (Type or print) mounis 12:20 AN 4. RACE SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MALE White es 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED W NEVER MARRIED country) West Virginia burial, crematian, or remaval, and in any event, within 724 Baltimore County, U.S.A WIDOWED | DIVORCED [ signed by the attending physician and campletely filled burial-transit permit. Then please remave carban page 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
Mt. Wilson State Hosp. during most of working life, even it retired )

MESS CAPE TO PER K

INSIDE CITY L MITS? 138. STREET AND NUMBER Mt. Wilson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN PRINCE GRO. 341 Irvington Oxon Hill NO [ 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Fulford Moore Maude Steve 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give wor or dates of service) Records, Mt. Wilson State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BLON CHOPNEWTON IA PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CONFLUENT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1[6] BEMA-**TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 190, DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO NO 🔲 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from hand 15, 1968, to more 1964, that (I) (we) last saw the deceased alive an mark 17, 1968, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S Mount Wilson, Maryland Mook Wm. Newcomer, M.D. NAME (Type) BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Cognty) (Stote) REMOVAL (Specify) 68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 mours Be MRRI

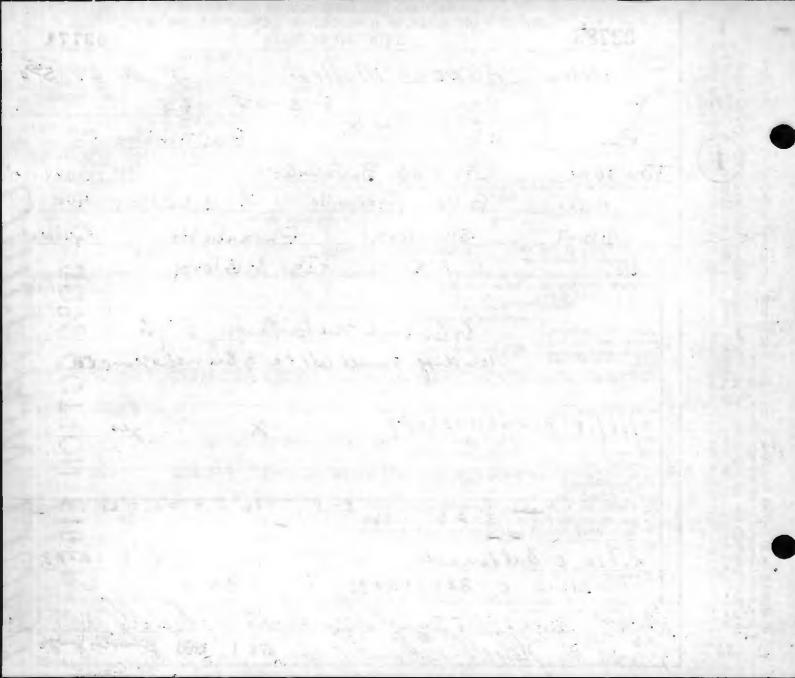
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0377 Middle 1. DECEASED-NAME 20. DATE OF DEATH First 24 hours after death. leath. buo (Type or print) 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 3 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) US. A WIDOWED DIVORCED F imore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within . Canduring most of working life, even if retired.) House wi OWSON. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN remove con 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER and in ony event, admission) STATE 13b COUNTY IKer esui 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Shelters 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, gr unknown) 1 (III yes give war or dates of service) or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if ony, which gave t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see os the better the prior to be 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? BRONCHOSCOF CAUSES OF DEATH? NO X USe Health | YES this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Pow 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. State Dept. of be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. 1 certify that (1) (this hospital) attended the deceased fram 3 - 5 , 19 6 5, ta 3 - 2 6 , 19 6 5, that (1) (we) last saw the deceased alive an 3 - 2 6 19 65 and that in (my) (aur) apinian death accurred on the date and haur and fram the TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 3-26-68 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS BALDONADO NAME (Type) NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

VR A15



John A. Moran, Inc. 3000 E. Balto. St.

VR A15 (4)

